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1965



TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
CHATEAU FRONTENAC, QUEBEC
MAY 26 - 29, 1965



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**TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION**



**ANNUAL MEETING
BOARD OF GOVERNORS**

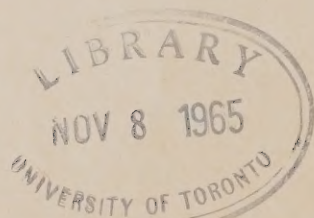
**CHATEAU FRONTENAC
QUEBEC**

MAY 26 - 29, 1965

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OFFICIALS

1964-1965

(For 1965-66 officials see Nominations Report)

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<i>President-elect</i>	PHILIP S. CHRISTIE, Halifax
<i>Immediate Past President</i>	JAMES ZIMMERMAN, Calgary
<i>Secretary</i>	WILLIAM G. MCINTOSH, Toronto
<i>Treasurer</i>	GEORGE M. DEWIS, Halifax

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R. LANGLOIS, J. ZIMMERMAN, P. S. CHRISTIE, J. P. COUPLAND		
W. J. RILEY	W. P. MUNSIE	J. M. CHAMARD

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J. ZIMMERMAN	801 Greyhound Bldg., Calgary
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H. R. MACLEAN	Faculty of Dentistry, University of Alberta, Edmonton
R. O. BRETT	250 Medical-Dental Bldg., Regina
W. J. RILEY	505 Medical Arts Bldg., Winnipeg
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J. P. COUPLAND	225 Metcalfe St., Ottawa
E. T. GUEST	67 College St., Toronto
J. D. PURVES	170 St. George St., Toronto
O. J. YULE	74 St. Clair Ave. W., Toronto
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L. BERNIER	1024 Ave. des Erables, Quebec
J. M. CHAMARD	1509 Sherbrooke St. W., Montreal
J. F. EDGECOMBE	42 Coburg St., Saint John, N.B.
P. S. CHRISTIE	5690 Spring Garden Rd., Halifax, N.S.
A. L. MACISAAC	111 Kent St., Charlottetown, P.E.I.
B. L. BOWDEN	203 Le Marchant Rd., St. John's, Nfld.
K. M. BAIRD	Army Headquarters, Ottawa.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	1st Ses. May 26 9.30 a.m.	2nd Ses. May 27 2 p.m.	3rd Ses. May 28 9 a.m.	4th Ses. May 28 2 p.m.	5th Ses. May 29 9 a.m.	6th Ses. May 29 2 p.m.
<i>Board of Governors</i>						
Archambault, M.	X	X	X	X		X
Baird, K. M.	X	X	X	X	X	
*Ball, R. W.	X	X	X	X	X	X
Bernier, L.	X	X	X	X	X	X
Brett, R. O.	X	X	X	X	X	X
Bruce, W. G.	X	X	X	X	X	X
Chamard, J. M.	X	X	X	X	X	X
Christie, P. S.	X	X	X	X	X	X
Coupland, J. P.	X	X	X	X	X	X
Edgecombe, J. F.	X	X	X	X	X	X
Guest, E. T.	X	X	X	X	X	X
MacIsaac, A. L.	X	X	X	X	X	X
MacLean, H. R.	X	X	X	X	X	X
Munsie, W. P.	X	X	X	X	X	X
Purves, J. D.	X	X	X	X	X	
Riley, W. J.	X	X	X	X	X	X
Yule, O. J.	X	X	X	X	X	
Langlois, Remy	X	X	X	X	X	X
Zimmerman, J.	X	X	X	X	X	X
Dewis, G. M.	X	X	X	X	X	X
McIntosh, W. G.	X	X	X	X	X	X

Chairmen

Baril, G.	X	X	X	X		
Clappison, R. A.	X	X	X	X		
Crowson, A. H.	X	X	X	X	X	X
Gray, A. R. S.	X	X	X	X	X	X
Lowery, R. P.	X	X	X	X	X	
McCutcheon, J.	X	X			X	
McGuigan, J. P.		X	X	X	X	X
Paynter, K. J.	X	X	X	X	X	X
Rogers, M. A.	X	X	X	X	X	X
Compton, F. H.	X	X	X	X	X	X

Members

Barrett, G. D.		X	X		X	X
Beach, H. N.	X	X	X	X	X	X
Bourne, M.					X	
Boyes, M. G.		X	X	X	X	X
Brouillet, H.	X	X	X	X	X	X

*alternate

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	1st Ses. May 26 9.30 a.m.	2nd Ses. May 27 2 p.m.	3rd Ses. May 28 9 a.m.	4th Ses. May 28 2 p.m.	5th Ses. May 29 9 a.m.	6th Ses. May 29 2 p.m.
Brown, H. K.	X	X	X			
Campbell, W. G.		X	X	X	X	X
Casey, C. A.		X	X	X	X	
Caza, M. A.						X
Charette, R.			X	X		
Clarke, G. V.		X	X	X	X	X
Coleman, W. B.		X	X		X	X
Connor, R. A.	X	X	X	X	X	
Coughlan, A. J.			X	X	X	
Cummings, C.		X	X	X		
Currie, P. E.	X	X	X	X	X	X
Decker, G. E.	X	X	X	X	X	
de Montigny, G.					X	X
Dubé, L.		X	X	X		
Dundass, G.		X	X			
Dunn, W. J.	X	X	X	X	X	
Gitnick, P. J.		X		X	X	X
Grenon, A.		X	X	X	X	
Grimsrud, H. A.	X	X	X	X	X	
Grose, L.				X	X	X
Gullett, D. W.	X	X	X	X	X	X
Hamel, H.			X			
Hart, H.					X	
Johnson, J. H.	X	X	X	X	X	X
Kerr, K. M.		X	X	X	X	
King, W.	X	X	X	X	X	
Kohli, F. H.	X	X	X	X	X	
Le Blanc, R. M.	X	X	X	X	X	X
Lussier, J. P.			X	X		X
McCormick, C.	X	X	X	X	X	X
McLean, J. D.		X	X	X	X	X
Methven, J.					X	X
Milburn, H.					X	
Moran, C. L.					X	
Mussells, L.		X	X	X	X	X
Neilson, J. W.			X	X	X	X
Oliver, A. W.			X	X	X	X
Oliver, H.		X				
Pownall, K. F.	X	X	X	X	X	X
Purcell, M.					X	X
Ratté, G.		X				
Reid, H. W.					X	
Rife, D. L.	X	X	X	X	X	
Salter, A. T.	X	X	X	X		
Schachter, J.		X	X	X	X	
Scott, L. R.	X	X	X	X	X	X
Shaw, W. F.			X			

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

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Sherman, J.						X
Smith, F. R.	X	X	X	X	X	X
Swann, G. C.		X	X	X	X	
Tanner, D. M.		X	X	X	X	X
Taylor, B.	X	X	X	X	X	
Tourigny, H.	X	X	X	X	X	
Upton, W. R.	X	X	X	X	X	
Ward, D. B.		X	X	X	X	
Whyte, J. A.				X	X	X
Woods, W. G.		X	X	X		

FOREWORD

This publication contains a record of the business transacted at the 64th Annual Meeting of the Canadian Dental Association at the Château Frontenac, Quebec City. The Board of Governors met May 26-29, 1965, followed by the convention May 30-June 2. The annual general luncheon meeting is reported at the end of this book.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these committees report their findings to the open sessions of the complete Board where final decisions are made. As a result of this procedure, all matters presented received thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is hereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend and to participate in the meetings.)

MEMBERS: *H. R. MacLean, Chairman, Edmonton; G. Swann, Calgary; L. Dubé, Quebec; E. Downtown, Toronto; M. Nacht, Vancouver.*

REPORT

1. Auxiliary services continue to occupy a very important position in Canadian dentistry.
2. Discussion on education, training programs and duties of ancillary personnel have received major attention from the various corporate members and from the Yukon Territories.

Dental Hygienists

3. On January 20, 1965 a meeting of the directors of the four schools of dental hygiene was held in Toronto. Curriculum, admissions and the educational programs were discussed. A statement relating to the Royal Commission on Health Services was passed as follows:

"We deplore that the Report of the Royal Commission on Health Services has neglected to appreciate the fact that there is already a university educated, legally qualified, auxiliary to the dental profession known as a dental hygienist. We are concerned by the lack of consideration of, and recognition for, the dental hygienist, and the preventive educational and therapeutic services which she now provides. It is our belief that any expansion of auxiliary services in dentistry should be accomplished within the three groups currently recognized by the Canadian Dental Association and not by the formation of a new group. In order to provide more services for more people we therefore recommend that all existing dental schools expand, and/or institute facilities, and all proposed schools make provision for the education of dental hygienists."

4. All of the schools of dental hygiene have been visited by the survey team of the Council on Education and, following their report, each school has been approved by the Council.
5. The registration for the 1964-65 session is as follows:

Dalhousie	17
Manitoba	24
Alberta	33
Toronto	93

167

In 1964 there were 165 practising hygienists in Canada. This is a ratio of 1 hygienist for every 37 registered dentists.

6. A workshop on dental hygiene was held in Chicago on October 1-3, 1964. Conclusions from the workshop worth noting are:

- (a) It is important that the profession of dental hygiene continue to be attractive as a career for young people.
- (b) It is to be hoped that any event to lessen the professional stature and competency of the dental hygienist will be met with strong resistance on the part of the dental profession, the dental hygiene profession and the public.

AUXILIARY SERVICES

- (c) Clear heads will be needed to determine the future role of the dental hygienist. There seems little possibility that her role will lessen. It seems quite clear that it will grow more important for there is no question that the dental hygienist can be trained to perform additional dental operations and procedures, if that is what the profession wants. However, there is little purpose in the schools developing programs to teach expanded skills unless the wishes of the profession are reflected in laws regulating the practice of dental hygiene.
- (d) Changes take place without plan when pressures of public demand and economics become great enough.
- (e) The dental hygienist's service is largely professional in nature and her educational program should be professional in character.
- (f) The dental hygienist's services are preventive, educational and therapeutic.

7. The Royal Canadian Dental Corps continues its study of additional duties by a hygienist. A report was presented at the committee's January meeting. The results of experiments at the University of Toronto on extended duties of the hygienist were reported to the Royal College of Dental Surgeons of Ontario. The results of these two experiments will be reviewed with interest when published.

8. *Yukon Territories*

A New Zealand dental nurse is working under the direction of dentists in the Whitehorse area of the Yukon. This operation is proceeding under a study project conducted by the national health services in the Yukon. In 1964 the dental nurse worked as a dental hygienist within the limits as stated in the CDA policy on auxiliary personnel. In 1965 she is now cutting cavities and placing amalgam restorations in accordance with an amended legislative ordinance in the Yukon. While this procedure is now legal in the Yukon, the principle is not condoned by the policies of the Canadian Dental Association and there is no legal provision for these procedures in any of the provinces. The project is being informally observed by the Department of National Health and Welfare.

9. *New Zealand*

The Saskatchewan Department of Public Health published the Report on the Observation Mission that visited New Zealand in July, 1962. Its purpose was to gain knowledge of the school dental service as it related to the New Zealand trained dental nurse. The report, in three sections, includes summaries by a public health dentist, a dental practitioner, and an accountant who was Assistant Director of Hospital Administration in the provincial government. The reports are too lengthy to quote but excerpts are as follows:

(a) *Dental Public Health Observer*

"In respect to dental health, every child in New Zealand at least gets an equal chance to carry over into his adult years a healthy and well pre-

served dentition, which is surely not the case in Canada, or at least in Saskatchewan. In achievement of this end, the school dental nurse, despite her limitations, has played a conspicuous part. The present dental practitioner engaged in private practice is, in terms of present numbers, in no position to duplicate this service clinically or in the broader sense of the work educationally. There will always be scope for the private practitioner in dentistry unless the whole field of dentistry should become an insured service which would negate the real function of dentistry as a truly preventive service in terms of preservation of the natural physiological dentition through life."

(b) *Dental Practitioner*

"The New Zealand dental nurse is capable of good average operative procedures, and while the quality in this field compares favourably to that of the average practitioner, her total dental picture of the child is extremely narrow, having little or no comprehensive training in basic growth and development of the child. The New Zealand dental nurse operates without supervision in the school clinics where her clinical procedures are not only limited but without imagination. She is prohibited from proceeding beyond her limited narrow training, yet has no one to turn to when difficulties arise. On the whole, she is a skilled technician in routine procedures. The New Zealand dental nurse does not receive adequate diagnostic training, yet she is the only one the children see until their graduation to the adolescent plan. She cannot recognize abnormalities so she is unable to plan preventive measures. As a result, abnormalities are not only missed but are allowed to proceed beyond preventive stages. Although she is encouraged to refer cases of this nature to the private practitioner, they are seldom recognized during the preventive stages. The activities of the New Zealand dental nurse can be satisfactorily controlled, limited, and regulated in a governmental service such as exists in New Zealand. Similar regulations might not function as well in another country which would make it difficult to control the activities of the nurse."

(c) *Accountant*

"It is my opinion that the information and opinions provided me is sufficient to prepare preliminary estimates of the costs of developing an effective dental treatment and dental education program for children in this province which may be similar to, or vary from, the New Zealand program. I would be pleased if a committee representing at least the College of Dental Surgeons, the Department of Education and the Department of Public Health, could be formed to provide advice and opinions on the evolvement of such a program. I would strongly recommend that in the development of any such plan of training dental nurses, professional assistance by someone currently experienced in the New Zealand dental program be obtained for the first year or so, as well as arrangement made to enroll and train from four to six dental nurses in New Zealand to form the nucleus for a school, or arrange to secure special selected dental nurses from New Zealand for this purpose."

AUXILIARY SERVICES

10. *Dental Assistants*

On January 21, 1965, a Dental Assistants' Conference was held in Toronto under the auspices of the Auxiliary Services Committee. Twenty-five people who were involved or interested in the assistant programs attended. Seven provinces were represented. The existing formal training programs from Ontario (2), Alberta and Vancouver were reported. These courses are all of exceptionally good quality and well administered. The information was of great value to those who have not as yet organized a course. Four short presentations were given relating to education and utilization. The participants benefitted to the greatest degree from his meeting, and all were of the opinion that this type of discussion and communication was a stimulus and worthwhile support to the dental assistants of Canada.

11. *Dental Technicians*

There are six student technicians in the formal program at the Northern Alberta Institute of Technology. This program has experienced difficulties chiefly because a course is offered to dental mechanics in the same school. The two programs have proved to be completely incompatible, and it is realized by all those concerned, except the mechanics, that the programs must be separated. A continued lack of support to the student technician by the registered ethical technician is one of the chief reasons for the very small number of applicants. It would appear that the profession across Canada is offering support to the technicians who have shown no particular concern nationally about supporting new recruits or a training program for them. It appears that commercialism completely overshadows any thoughts of building a strong national organization. The technicians prefer to hire cheap labour to do minor piece work. The profession should continue to encourage and support the laboratory technicians in organization and attempts to build up a respectable trade in a similar manner to what has been accomplished in the United States.

12. A meeting of the Auxiliary Services Committee was held in Toronto on January 22, 1965. All members of the committee were present, together with Mr. Croft who acted as Secretary. Also attending were Brigadier Baird, Dr. Connor of the Department of National Health and Welfare, Dr. Grimsrud of Saskatchewan and Dean McCutcheon, Chairman of the Council on Education.

13. A report was read commenting on the Report of the Royal Commission on Health Services. It pointed out that auxiliary personnel should be developed in a distinct Canadian plan in preference to borrowing or copying policies and procedures from New Zealand or British schemes, where basic conditions are not similar to those in Canada. The dental health team should include:

- (a) the dentist as the principal person rendering service and as co-ordinator of the team.
- (b) the hygienist who might have certain expanded duties.
- (c) the assistant who was trained in a formal program and used in a maximum manner by the operator.

- (d) the experienced laboratory technician who should be recognized as such and defined and upgraded in his trade.

14. Certification for the assistant and the technician should be administered by a National Board.

15. The ethical technician must be identified and separated from the illegal mechanic.

16. Canadian dentistry must realize that it is not enough to say that we will experiment and that we should use auxiliaries in a maximum manner. If we do not propose a practical plan to supply dental services to more people, particularly children, then one will be organized by the government.

Recommendations

17. That further studies be conducted in Canada on dental auxiliary personnel before action or implementation be made on an auxiliary as described by the Report of the Royal Commission on Health Services.

18. That an immediate start be made on a pilot study at one or more faculties of dentistry in the extended services of a graduate dental hygienist, within the framework of the Canadian Dental Association policy statement on auxiliary personnel, to assess the time required for training such personnel, their productivity, and the results of their integration into the dental team.

19. That this committee supports fully the proposal to establish a national certification program for dental assistants to be developed jointly by the Canadian Dental Nurses and Assistants Association and the Canadian Dental Association.

20. That this committee endorse the principle of formal training of dental technicians in order to provide certification of ethical technicians assisting the dental profession in their services to the public.

21. The Auxiliary Services Committee recommend no change in the policy of the Canadian Dental Association with regard to auxiliaries and that any extension of services of auxiliary personnel should be within the groups presently constituting the dental health team and not be the formation of a new group, and that we support the statement made by the Directors of the four Schools of Dental Hygiene in this regard.

22. That one thousand dollars be provided in the budget for a meeting of the Committee in 1966.

COMMENT AND ACTION

1. Information.
2. Noted.
3. Noted with approval.
4. Noted.

AUXILIARY SERVICES

5. Information.
6. Noted with interest.
- 7-8 Noted.
9. Information.
10. Noted with commendation.
11. Noted with the suggestion that more effort be made to make use of university facilities for training.
12. Information.
13. Noted with approval.
14. Information.
15. Agreed.

16. Whereas it is considered essential that Canadian dentistry realize that a practical plan for the maximum utilization of auxiliary dental personnel be established, and

Whereas studies are now underway relative to the more effective employment of the personnel concerned, therefore be it resolved

That each corporate body be requested to propose a comprehensive plan for their own particular province for a more effective program for the training and employment of auxiliary dental personnel as a part of the dental health team, and further be it resolved

That these plans be submitted to the Chairman of the Auxiliary Services Committee for presentation at the next Annual Meeting.

ADOPTED

- 17-22. Agreed.

It is suggested that the committee study the accreditation of laboratories.

We recommend the adoption of the report of the Auxiliary Services Committee.

APPROVED

MEMBERS: *H. M. Cline, Chairman, Vancouver; G. V. Fisk, Toronto; A. G. Racey, Montreal; J. P. Whyte, Swift Current.*

REPORT

1. There have been no amendments to the by-laws proposed to the Council under Article XXII Section 2. This article reads as follows:

“Any proposed amendments requiring decision of the Council on Constitution & By-laws shall be in the hands of the Chairman of the Council on Constitution & By-laws four months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken.”

Council on Legislation

2. Notification was received to the effect that the Executive Council had appointed a committee to consider the terms of reference of the Council on Legislation. This report was received, considered, and the Executive Council approved the new terms of reference for the Council on Legislation. These are attached as Appendix A. The report of the Executive Council sub-committee is attached herewith as Appendix B.

3. In essence, the new terms of reference Article IX Section 4(e) Council on Legislation, delete subsections (2), (3) and (7) of the present terms of reference and in subsection (4) line 1 before “legislation” adds “or existing” and after “legislation” adds “or practices”. In the second line change “is” to “are”. It is recommended that the action of the Executive Council in this matter be approved and that the by-laws be changed accordingly.

Nominations

4. The Nominations Committee has suggested that there is need for clarification of Article IX Section 3 (b) and 3(c), terms of appointment and reappointment. The question is whether or not a term of office by appointment to serve a partial term created by resignation or other circumstance be considered a part of a term. The suggestion was made by the Chairman of the Council on Constitution and By-laws that the following should be considered; namely to Article IX Section 3, General Rules could be added “an appointment made to fill an unexpired term caused by resignation or other circumstances, be not considered to be a term or terms as provided in Section 3(b) and 3(c). This change should be considered by our legal adviser.

5. As there has not been sufficient time to present this addition to the By-laws under Article XXII Section 1, such addition could be passed by a unanimous vote as provided in Article XXII Section 3 and is so recommended.

CONSTITUTION AND BY-LAWS

6. *Yukon Dental Association*

The Yukon Dental Association applied to become a corporate member of the Canadian Dental Association. The Council on Constitution and By-laws was notified of this in a letter from the Deputy Secretary under date of February 25th, 1965. Action of the Executive Council is indicated by the following motions duly passed:

- (a) That the Council on Constitution and By-laws be directed to study the complexities created by the application of the Yukon Dental Society for corporate membership in the C.D.A. (for example, possible provincial status for two parts of the Yukon). The Council is further directed that the study be conducted with a view to establishing recommendations that would give consideration to C.D.A. membership and participation of small groups of practising dentists whose geographic circumstances currently prevent such participation.
- (b) That the Yukon Dental Association be advised that since the Yukon is not a province, it is not within the constitutional framework of the C.D.A. to accept the Yukon Dental Association for corporate membership.

7. In acknowledging these two motions, the suggestion was made by the Chairman of the Council on Constitution and By-laws that associate members might be considered under "Membership, Article II Section 4" providing some dentists in the Yukon could qualify under this section.

Appendix A

COUNCIL ON LEGISLATION

Proposed Terms of Reference

The duties of the Council shall be:

- (1) To protect and further the interest of the dental profession in all matters of Federal legislation and/or regulations.
- (2) To oppose or endeavour to modify any proposed or existing legislation or practices which are in conflict with existing policies of the Association.
- (3) To study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other councils or committees.
- (4) To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.

Appendix B

COUNCIL ON LEGISLATION

Report of Executive Council Subcommittee

1. Terms of Reference — Minute 70 of the Executive Council, June 28, 1964, which reads as follows:
"The President named a committee of Christie (chairman) and Charnard to study possible activities of the Council on Legislation, in-

cluding a review of the subject of a legal bureau at headquarters, and to report to the Executive Council."

2. By-laws of the Canadian Dental Association Article IX, Section 4(e): "Council on Legislation shall consist of three members. The Council shall have the power to add the provincial registrars as advisory members."

Comment: In the past this power has been exercised only by correspondence. It is recommended that a meeting of the Council on Legislation be held in conjunction with the Secretaries' Conference on a trial basis and that each registrar be requested to prepare a report on matters relating to legislation in his province for that occasion.

It is further recommended that between Council meetings the Chairman should maintain and develop liaison with the provincial registrars so that he may be well-informed at all times of legislative matters of current interest in all the provinces. This will give the Council the broad and current view of legislative matters which it should have and will also enable the Council to establish liaison between those provincial registrars who are encountering similar legislative problems.

"The duties of the Council shall be":

- (e) (1) "To protect and further the interest of the dental profession in all matters of Federal legislation and/or regulations."

To date this function has not been performed because no specific task was ever assigned. It is suggested that to develop a capability for action when required the Council should be instructed to contact dentists in the Senate, House of Commons and others in key positions. With this assignment as a point of commencement it is possible or even probable that other and more important duties could be undertaken.

To do this effectively it would seem that the personnel of the Council should be resident in or near Ottawa.

- (e) (2) "To give assistance to corporate members in any provincial legislative matter."

This activity does not fall within the area of activity of a council or committee.

In the past when corporate members have sought help from the Canadian Dental Association in regard to legislative affairs, application was made to, and acted upon, by appointed officers of the Association. As the 1962 Council report states, this is as it should be (Transactions 1962, Report of the Council on Legislation, paragraph 25, page 106).

The profession has been well served by this arrangement but it is recommended that a Legal Bureau be established at headquarters at the earliest practical moment to take over this duty and others relating to legislation.

The present time does not appear to be propitious for the establishment of a Legal Bureau because the legislative load is not sufficiently great to warrant it and the Secretary should not have the additional burden of organizing and integrating this bureau thrust upon him so early in his incumbancy.

CONSTITUTION AND BY-LAWS

It is recommended that the Executive Council keep the matter of establishment of a Legal Bureau under frequent review. It is recommended that this term of reference be deleted.

- (e) (3) "To carry forward such policies which call for legislative action as may have been initiated and carried to the legislative point in other councils or committees, after approval by the Board of Governors."

This function has not been found to be practical in that matters which call for legislative action by other councils or committees must be approved by the Board of Governors upon which they are carried forward by the Secretariat with the assistance of the Association Solicitor. It is recommended that this term of reference be deleted.

- (e) (4) "To oppose or endeavour to modify any proposed legislation which is in conflict with existing policies of the Association."

It is recommended that this term of reference be amended to read: "———proposed or existing legislation or practices which are———." This statement may be interpreted to include comment to alert the profession to legislation unfavourable to concepts of professional progress or contrary to professional policy.

The Council can act upon this term of reference on the Federal level as outlined in comment on paragraph (e) (1). On the provincial level the Council may act by way of the provincial registrar who will have status locally as registrar, nationally as a member of the Council on Legislation; the registrar can, therefore, call on the Council or on Headquarters.

- (e) (5) "To study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other councils or committees."

It is recommended that this term of reference be retained.

- (e) (6) "To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession."

The term of reference calls for no comment other than agreement.

- (e) (7) "To make recommendations to the Board of Governors as may be considered advisable."

Since this term of reference is implicit in the creation of a council or committee its statement is redundant. It is recommended that this term of reference be deleted.

With reference to the suggested activities noted in Minute 70, Executive Council, June 28, 1964.

Suggestions (2) and (3) are the main concern of this report.

Suggestion (1) does not appear to be practicable for this Council because the subject is too complex, involving the reaction of a changing society to established professional procedures.

Respectfully submitted,
P. S. Christie, Chairman.

COMMENT AND ACTION

1. Information.

2-3. Whereas the Executive Council had appointed a sub-committee to consider the terms of reference of the Council on Legislation, and Whereas this sub-committee, after a thorough study has brought in a report, under Appendix B, which will facilitate and give better direction in the terms of reference of the Council on Legislation, therefore be it resolved

That the terms of reference of the Council on Legislation be amended and that the new terms of reference will read as proposed in Appendix A.

ADOPTED

4-5. Whereas difficulty has occasionally arisen in connection with the interpretation placed on an appointment to fill an unexpired portion of a term of office, in relation to the limit of two terms of three years each for any appointment, therefore be it resolved that

(i) to Article IX, Section 3, subsection (c) a further sub-section (c) (i) be added as follows:

An appointment made to fill an unexpired term caused by resignation, or other circumstances, be not considered to be a part of term or terms as laid down in sections 3(b) and 3(c), and that

(ii) the regulations regarding amendments as set forth in Article XXII, sections (1) and (2) be dispensed with in this instance as provided for in section (3) of Article XXII.

ADOPTED UNANIMOUSLY

6. We recommend that this matter be referred back to the Council on Constitution and By-laws for further study.

7. Agreed.

We acknowledge with gratitude the receipt of the Report of the Council on Constitution and By-laws at this time. We recommend the adoption of the report of the Council on Constitution and By-laws.

APPROVED

MEMBERS: *Dr. Louis Bernier, Chairman, Quebec; Dr. Henri Hamel, Co-Chairman; Dr. Léo Paul Dubé, Treasurer; Dr. Magella Dion, Secretary; Dr. Jules Hamel, General Arrangements Chairman; Dr. Jean-Baptiste Lachance and Dr. Gérard Houle, Accommodations; Dr. Paul Simard, Luncheons; Dr. D. P. McGibbon, Art Exhibit; Dr. Gérard Boulet, Golf; Dr. Léo Paul Perrault, Dr. Guy Renaud, Dr. Anthyne Racine, Registration; Dr. Jacques Samson, Hosts; Dr. Paul Jean, Scientific Program Chairman; Dr. Georges Lepage, Essayists and Clinicians; Dr. Martin Monaghan, Commercial Exhibits; Dr. Gérard Bergeron, Visual Education; Dr. André Grenon, Dr. Yves Poulin, Accessories; Dr. Jacques Dufour, Publicity Chairman; Dr. Jean Trudel, Printed Program; Dr. Bertrand Lemieux, Pre Convention Publicity; Dr. Marc Boucher, Radio and TV; Dr. Michel Boissinot, Press; Dr. Gustave Lachance, Recreation; Mrs. Jules Hamel, Ladies' Committee Chairman; Committee of Liaison: Dr. Gérard Massicotte, Orthodontists, Dr. André Charest, Oral Surgeons; Dr. Yves Giguère, Periodontists.*

REPORT

1. *Annual Meeting*

The Canadian Dental Association has accepted the invitation extended by La Société Dentaire de Québec to hold its 1965 meeting in Quebec City. The Chateau Frontenac is to be the convention hotel and the dates are May 30th, 31st, June 1st and 2nd. L'Association Dentaire de la province de Québec has graciously consented not to hold a spring meeting in 1965 so as not to interfere with the C.D.A. annual meeting. It is the first time that Quebec City will have the honour of being host to the Canadian Dental Association. La Société Dentaire de Québec is looking forward to welcoming members of the Association.

2. *Board of Governors' Meeting*

The Board of Governors' meeting will be held at the Chateau Frontenac from May 26th to May 29th, prior to the convention. Adequate meeting rooms, pressroom, secretarial staffroom and other accommodations have been booked for Board meetings and reference committees.

3. The General Chairman thanks the committee members, specialty sections, hygienists and dental assistants for their continuing efforts throughout convention preparation.

4. It has been difficult to realize a full implementation of the interlocking program as proposed at the last annual meeting of the Canadian Dental Association for the following reasons:

- (a) The physical facilities of the Chateau Frontenac are extremely limited for a meeting of this size.
- (b) A closer relationship should be established, possibly on the last day of the annual convention, by calling a meeting of the newly elected presidents of the specialty sections and officers of the dental hygienists and dental assistants in cooperation with the chairman of the next convention. Taking personal contact would facilitate the realization of the interlocking program, avoiding a

considerable loss of time contacting these various groups. This would seem a necessary step to implement this action.

- (c) Nevertheless, as much as it has been possible, a larger number of lectures than usual are opened to general practitioners and specialists and vice versa; they will be indicated in the program.

5. Essays and lectures have been carefully selected to provide the general practitioners as well as the specialists with a well balanced program which should prove fruitful to all. A copy of the program is attached as Appendix A. Sections, dental hygienists and dental assistants have their programs arranged.

6. *Publicity*

The Publicity Committee has planned:

- (a) Three direct mailings to all dentists in Canada by the convention publicity committee through the facilities of the Canadian Dental Association;
- (b) A New Year greeting card to all dentists in Canada;
- (c) Three direct mailings by Air Canada, Canadian Pacific and Canadian National;
- (d) An eight-page supplement in the February issue of the Canadian Dental Association Journal;
- (e) A four-page section in the March issue of the Canadian Dental Association Journal;
- (f) A four-page section in the April issue of the Canadian Dental Association Journal;
- (g) Announcements and articles in the "Journal de l'Association Dentaire de la Province de Québec";
- (h) Announcements in the following journals:
 - Journal of Massachusetts Dental Society
 - Worcester Medicine News (Dental Section)
 - Journal of the Connecticut State Dental Association
 - Journal of Dental Surgeons students
 - New York State Dental Journal
 - New Hampshire Dental Society
 - Oral Health
 - British Columbia Dental Association
 - The Journal of the Ontario Dental Association
 - American Dental Association
 - Fédération Dentaire Internationale
- (i) French journals or newsletters:
 - L'Information Dentaire
 - Le Nerf Dentaire (Université de Montréal)
 - Le Dépôt Dentaire
 - La Revue française d'Odonto-Stomatologie
 - Les Actualités Odontostomatologiques
- (j) Personal mailings:
 - Franco-American dentists of the New England States
 - Registered French Orthodontists
 - Australian delegation (Approximately 30 people per mailing)
 - Japanese delegation (Approximately 30 people per mailing)

CONVENTION

Approximately 50 foreign dentists requesting information on the convention have been added to the mailing lists of publicity committee.

7. *Printed Program*

All advertising space has been sold for the printed program (see budget).

8. *Registration*

Estimated attendance is 800 dentists and 500 wives with the fee being set at \$40 single and \$50 for dentist and lady. Registration forms are included in the advance publicity and in the Journal of the Canadian Dental Association. Considering the great demand for information on the convention from foreign countries including Australia, Japan, England, France, Germany, Trinidad and the United States, and taking into account the touristic interest of Quebec City, the original estimated attendance of 650 dentists has been raised to 800 and may well pass this figure.

9. *Sunday Evening "Soirée française"*

To renew friendships and do away with the formalities of a classical type of entertainment, where gossiping is forbidden, your committee has proposed a lighter type of recreation for the Sunday evening program. Delegates will meet in a "street of Paris" on French Café terraces to the sound of accordion music and the sight of "Danses Apaches". A wine and cheese tasting party will take place, with appropriate comments, and coffee will be served.

10. *Ladies' Program*

The Ladies' Committee has arranged a program which should satisfy all delegates' wives. The ladies' social program appears as Appendix B.

11. The general social program appears as Appendix C.

12. *Budget*

The budget is attached as Appendix D. It will be noted that we are receiving considerable assistance from the following sources:

- (a) \$1,000 grant from the College of Dental Surgeons of the Province of Quebec;
- (b) At the President's Ball, the dinner is graciously offered by the Government of the Province of Quebec to the President, the Officers and the Members of the Canadian Dental Association under the patronage of Hon. Jean Lesage, Premier.
- (c) The favours for the delegates and their wives are sponsored by Colgate-Palmolive Ltd; which is also financing the refreshment hour and buffet of the "Soirée canadienne" at the Quebec Winter Club on Monday evening.
- (d) The Procter and Gamble Co. is contributing \$3,200 towards scientific/technical assistance. A non-commercial scientific exhibit on a "New Concept of Enamel Structure" will be sponsored by the same company, plus a contribution of films to be shown for the first time in Canada.

13. *Table Clinics*

Due to the lack of facilities at the Chateau Frontenac a restriction had to be made regarding table clinicians. A first group of 25 table clinicians will appear in one session and a scientific exhibit grouping approximately 10 dentists and dental students on another occasion will show the results of their work at the Montreal Dental Research Society.

14. *Exhibitors*

All 65 exhibit spaces have been sold. One free booth has been arranged. The exhibitors contribute largely to the success of a convention and, as a token of our appreciation, a reception will be held for them on Sunday afternoon.

15. *Art Exhibit*

This committee has arranged for display facilities with the assistance of a private art gallery; the room will be set up from Sunday to Wednesday.

16. *Simultaneous translation*

Simultaneous translation service has been arranged for main panels and essays (courtesy of the Procter and Gamble Co.).

Appendix A

GENERAL SCIENTIFIC PROGRAM

1. John Vincelli, D.D.S. 2.30 Monday
Basic Fundamentals essential for the formulation of a Logical Concept of Occlusion.
2. H. I. Margolis, D.M.D., L.H.D. 9.30 Monday
The General Practitioner's Responsibilities, Opportunities and Privileges in Clinical Orthodontics.
3. Mervyn A. Rogers, D.D.S. 11.00 Monday
Local Anaesthesia.
4. Donald Kepron, B.Sc., D.D.S., M.S. 9.00 Tuesday
Impressions for Full Dentures.
5. Georges Pelletier, D.D.S. 9.00 Tuesday
Mobility of the teeth and its importance in a complete dental treatment.
6. Panel (R. A. Clappison, D.D.S.
(R. C. Freeman, D.D.S. — 3.30 Monday
(W. W. Pressey, D.D.S.
Dental fees: a method of determination by means of a Relative Value System.
7. Anthony J. De Pietro, D.D.S. 9.00 2.00 - 3.30 Tuesday
and 9.00 Wednesday
Concepts of Occlusion.
8. Jacques Fiset, D.D.S. 2.00 - 3.30 Tuesday
Fundamentals in the application of the occlusal rest and the intra-coronal attachment in removable partial denture planning.
9. H. Silbert, D.D.S. 2.30 Monday
Comments on the five (5) phases of the root canal treatment.

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10. Yves Dufresne, D.D.S., F.I.C.D. 2.00 - 3.30 Tuesday
Anaesthetics and Dentistry.
11. E. R. Ambrose, D.D.S., F.I.C.D. 9.00 - 11.00 Wednesday
Conservative preparation of Posterior Teeth for Cast Restorations.
12. Harry Rosen, D.D.S. 9.00 Tuesday
The choice and the design of Anterior Retainers.
13. Roland Baribeau, D.D.S. 2.30 Monday
The Patient, the Dentist, the Dental Assistant and the Full Denture.
14. C.D.A. Panel 3.45 Tuesday
The Feasibility of Introducing a National Dental Health Scheme in Canada, following the recommendations of the Hall Commission.
M. Jean Marchand (Labour Leader)
John M. Chamard, D.D.S.
Jean-Paul Lussier, D.D.S.
15. G. H. G. Weinlander, D.D.S. 10.30 - 12.00 Tuesday
Management of deep carious lesions.
16. Paul Rondeau, D.D.S. 11.00 Monday
Clinic on the use of an ultra-short acting intravenous barbiturate in dental surgery.
17. Claude Madore, D.D.S. 10.30 Wednesday
Sterilization in a dental office.
18. Arthur F. Lindquist, D.D.S. 11.00 Monday
Prosthetic and Orthodontic procedures for the cleft palate infant.
19. "En premiere" in Canada: Film production of the televised dental clinics at the San Francisco Convention, on *Autogenous Transplantation of a Tooth and Implantation of a Denture*. 2.30 Monday

Appendix B

LADIES' SOCIAL ACTIVITIES

1. *Sunday night* Soirée française.
2. *Monday, May 31st at 12.00 a.m.* Luncheon at the Manoir St-Castin, Lac Beauport.
Monday evening: Soirée canadienne.
3. *Tuesday, June 1st*, departure from the Chateau for a city tour, followed by afternoon tea at the "Pavillon Pollack" on the University Campus.
4. *Wednesday, June 2nd*, luncheon at the Restaurant "La Bastogne" and presentation of a film on the Quebec Winter Carnival.
Wednesday evening "Diner et Bal du Président".

Appendix C

GENERAL SOCIAL ACTIVITIES

1. *Sunday, May 30th*, 8.30 p.m. Get-together "in a street of Paris". "Dances apaches" and accordion music. Wine and cheese tasting party and coffee. Dress: Informal.
2. *Monday, May 31st*. Departure from the Château by "diligence" at

6.30 p.m. Cocktails at Quebec Winter Club. Buffet and "soirée canadienne". Handicraft demonstrations. Choir Folklore singing and dancing. Dress: Country style.

3. *Tuesday, June 1st.* Free evening for class reunions, visits to confreres, cabaret tour, caleche tour by night.
4. *Wednesday, June 2nd at 7.00 p.m.* "Diner et Bal du Président" under the patronage of the Honourable Jean Lesage, Prime Minister of the Province of Quebec. French Canadian soprano Claire Gagnier, a choir and two orchestras will entertain you. Dress: Optional.

Appendix D

1965 CONVENTION BUDGET

Revenue:

1 — Registrations: Men	— 800 x \$40.	\$32,000.00
Ladies	— 500 x \$10.	 5,000.00
		37,000.00
2 — Exhibits:	65 x 175	 11,375.00
	1 x 000	 000.00
3 — Program:		 1,745.00
4 — Grant: P.Q. College of Dental Surgeons		 1,000.00
5 — Contributions for		
a) Scientific program		
(Procter & Gamble)		 3,200.00
b) Social program (approximately)		
(Colgate-Palmolive)		 7,500.00
		\$61,820.00

Expenses:

a) Registration	 700.00
b) Program (printing)	 2,500.00
c) Rentals	 8,755.00
d) Clinicians, speakers and films	 4,000.00
e) Exhibits	 4,950.00
f) Operations	 2,500.00
g) Publicity	 3,000.00
h) Reception Committee	 800.00
i) Exhibitors' reception	 500.00
j) Art Exhibit	 575.00
k) Ladies	 5,000.00
l) President's Ball	 1,000.00
(expense defrayed by provincial government grant)	
m) Meals	 11,212.00
n) Miscellaneous	 1,000.00
o) Secretarial expenses	 2,900.00
p) Tremblay & Co. (public relations)	 3,500.00

CONVENTION

q) Convention Committee expenses	300.00	
r) Winter Club, Bar, Buffet, and rentals	7,761.00	
Total Expenses		\$60,953.00

Surplus	867.00
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a) <i>Registrations:</i>	Badges (1500 x .15)	
	Typewriters and Secretaries, transportation, receipt books, etc.	\$ 700.00
b) <i>Program:</i>	(printing)	2,500.00
c) <i>Rentals:</i>	Decorations: Chateau & Winter Club	3,650.00
	Cercle Universitaire, \$15. x 3 days	45.00
	Institut Canadien, \$30. x 3 days	90.00
	Press & Rooms (400.00 liquor (100.00 rooms	500.00
	Sunday, Chateau (Accordionists & Dancers)	150.00
	Monday, Winter Club (Jacques Labrecque)	600.00
	(Choir)	100.00
	(Orchestra)	280.00
	Wednesday, Chateau (Orchestra)	280.00
	Wednesday night, Chateau (Choir)	200.00
	Pianist for O Canada (luncheons & dinners)	30.00
	Simultaneous translations	1,700.00
	Hospitality room (ladies)	100.00
	R.C.A. Victor	530.00
	Winter Club floor	500.00
d) <i>Clinicians:</i>	Lecturers and Films	4,000.00
e) <i>Exhibits:</i>	Chateau 25.00 & 30.00 (Clarkson x 66) . . .	3,630.00
	Insurance and caretakers, etc.	1,320.00
f) <i>Operations:</i>	Transportation, Miscellaneous, Signs Table Clinics, Projectors, Operators	2,500.00
g) <i>Publicity:</i>		3,000.00
h) <i>Reception Committee:</i>	Flowers, Transportation and Taxis, Miscellaneous	800.00
i) <i>Reception for Exhibitors</i>	(liquor, rooms)	500.00
j) <i>Art exhibit:</i>		575.00
k) <i>Ladies:</i>		5,000.00
l) <i>President's Ball:</i>	(flowers, candles, roses, etc.)	1,000.00
m) <i>Wine tasting, Cheese, Coffee</i>		2,500.00
	<i>Meals:</i> Monday (3.25 & 5% tax & 12% tips & gratuities) 3.83 x 800)	3,064.00
	Wednesday (3.53 x 2 x 800)	5,648.00
n) <i>Miscellaneous:</i>	(Liquor, Rooms, Tips, Luncheons, etc. Golf Prize \$50.00)	1,000.00

CONVENTION

o) *Secretarial expenses:*

(Bank charges, exchange, etc.	200.00	
(Accountants	300.00	
(Secretarial services		
24 weeks x 75.00	1,800.00	
(Others	600.00	2,900.00

p) *Tremblay & Co.* 3,500.00

q) *Convention Committee* (unexpected expenses) 300.00

r) *Winter Club* ... Free Bar — 1300 people 2,000.00

 Buffet — 1300 x 4.10 5,330.00

 Rental, Hall, Chairs, Tables & Transportation 431.00

COMMENT AND ACTION

1-2. Information.

3. We concur.

4. (a) Information.

(b) We refer to the sub-committee on conventions for further study.

5. Information.

6. Excellente publicité.

7. Information.

8. Noted with commendation.

9. Commendable innovation.

10. We appreciate the excellent program provided for the ladies.

11. Noted with approval.

12. Noted with appreciation.

13. Information.

14. We heartily concur.

15. Information.

16. Noted with appreciation.

We recommend the adoption of the report of the Convention Committee and commend Dr. Bernier and his Committee for the excellent arrangements and program.

APPROVED

DENTAL SERVICES

MEMBERS: R. A. Clappison, Chairman, Toronto; L. Bernier, Quebec; G. Lie, Weston; B. M. MacKenzie, Edmonton; H. G. Pettapiece, Parksville; H. J. MacConnachie, Halifax; J. M. Carefoot, Ajax.

REPORT

1. *Personnel*

The Dental Services Committee gratefully acknowledges the valuable contributions made by Dr. W. J. Dunn who resigned from the committee last year and of the past chairman Dr. W. G. McIntosh who became Secretary of the Canadian Dental Association since the last meeting of the committee. A sincere welcome is extended to the new members, Dr. J. M. Carefoot and Dr. Gunnar Lie.

2. The Dental Services Committee met March 29-30, 1965 in the boardroom of CDA headquarters. All members of the committee were present including the advisory member Dr. P. G. Anderson. The committee was privileged by the attendance of Dr. R. B. Ross, representative of the Canadian Society of Orthodontists and Dr. P. S. Christie, President-elect of the CDA. Attending parts of the meeting were Dr. H. M. Jolley, chairman of the Dental Services Committee of the Royal College of Dental Surgeons of Ontario, Dr. Walter W. Pressey, a member of the sub-committee on fees, and Dr. C. L. Strachan, dental consultant to the London Life Insurance Company.

Dental Services for Ambulatory Patients

3. The Committee on Rehabilitation of the Canadian Medical Association, through its chairman Dr. G. Gingras, requested the co-operation of the CDA in meeting the dental needs of patients confined to wheelchair or who have locomotive difficulties.

4. In response to the request of the Committee on Rehabilitation, the Dental Services Committee agreed to survey the dentists of Canada to locate those dental offices readily accessible to patients confined to wheelchairs or with locomotive difficulties. The developed list of available and suitable facilities will be made available to the CMA Committee on Rehabilitation and the corporate members of the CDA.

5. The Dental Services Committee also agreed to circularize the corporate members of the CDA referring them to the principles outlined in the *Journal* 30:444, July 1964, regarding the care of disabled persons and the use of portable equipment. The Dental Services Committee felt the corporate members should be informed of the requests of the CMA Committee on Rehabilitation.

6. *Medical Services Insurance*

This special committee requested the Dental Services Committee to aid in the delineation of those services which reside within the academic and legal competence of dentists but which also may be rendered by physicians. The developed list was referred back to the Executive Council's Special Committee on Medical Services Insurance for their utilization.

Orthodontic Fee Structures in Ontario

7. The Ontario Society of Orthodontists submitted an extensive brief on orthodontic fee structures in Ontario to the Ontario Dental Association and the CDA. The Dental Services Committee was requested to study and comment on the brief. Copies of the brief were mailed to each member of the committee for advance study.

8. Upon reviewing the brief the committee expressed regret that a misunderstanding had arisen over the committee's request for participation by the orthodontists in the development of the Reference List of Dental Services. The committee reiterated their desire that the Canadian Society of Orthodontists, in consultation with provincial orthodontic societies, attempt to establish a comprehensive list of dental services including a classification of malocclusions for use in the Reference List of Dental Services.

9. *Relative Value System of Fee Determination*

The Board of Governors of the CDA, having approved in principle the Relative Value Method of Fee Determination, (Transactions 1964:43) requested the sub-committee to further develop the Relative Value Method of Fee Determination. The study draft resulting from this further development was distributed to corporate members and other interested organizations and the draft including the returned comments was studied in detail by the Dental Services Committee. The final draft was accepted as amended and the Dental Services Committee recorded a hearty vote of thanks to the sub-committee for their excellent efforts. The revised draft of the Relative Value Method of Fee Determination appears as Appendix A for consideration by the Board of Governors.

10. *Reference List of Dental Services*

The resolution of the Board of Governors (Transactions 1964:43) approving the Reference List of Dental Services as the official CDA reference list of dental services, included the understanding that from time to time amendments to the list would be necessary. The Dental Services Committee approved revisions and additions to the Reference List of Dental Services and includes them in Appendix B for consideration by the Board of Governors.

Commercial Dental Insurance Plans

11. Dr. C. L. Strachan, dental adviser to London Life Insurance Company, was invited to meet with the committee and comment on his company's dental insurance plan. Dr. Strachan has referred to him cases that are questioned by London Life's lay personnel. He scrutinizes cases where the fees are in excess of the provincial fee schedule and where there is insufficient information about the dental treatment rendered. The committee discussed the development of a list of points to be considered by employers or employee groups interested in purchasing commercial dental insurance or by commercial insurance companies interested in offering dental plans.

12. It was suggested that the committee inform the appropriate committee of the Canadian Health Insurance Association that the Dental Services Com-

DENTAL SERVICES

mittee of the CDA is interested in co-operating with them in the development of a uniform claim form for dental expenses.

13. *Canadian Society of Orthodontists*

Dr. R. B. Ross, the representative of the Canadian Society of Orthodontists, reported that there will be a workshop on orthodontics shortly and that a report from this meeting will be forwarded to the Dental Services Committee.

14. *Royal Commission on Health Services*

The Dental Services Committee reviewed and commented on the fourth draft of the statement of the Steering Committee concerning the commission's report.

Recommendations

15. That the completed report of the study on the Relative Value Method of Fee Determination be approved by the Board of Governors.
16. That the submitted revisions and additions to the official Reference List of Dental Services be approved.
17. That every effort be made to co-operate with the Canadian Medical Association Committee on Rehabilitation, and other organizations, in an attempt to provide adequate dental care to wheelchair patients or those with locomotive difficulties.

Appendix A

RELATIVE VALUE METHOD OF FEE DETERMINATION

Preface

1. The procedures mentioned in this report do not dictate the total means of correction of any given dental problem. The members of the subcommittee were aware of the diverse number of technical and surgical procedures that could be used to achieve a given dental service.
2. In the section under Diagnostic Services regarding radiographic examination it will be noted that there are no "T" or "R", factors established. Because of the problem of dividing multiple exposures of films into fractional units which were hard to relate to each other, an entirely *separate* section of Relative Values was established. These Radiographic Services have relative values that would exist only within that section of services and should not be related to values in any other section.
3. The problem of "quadrant therapy" presented many varied facets. There were benefits and responsibilities to be assessed in favour of the patient and the practitioner.
 - Quadrant therapy meant to the patient:
 - (i) He was subjected to less discomfort.
 - (ii) He was subjected to fewer appointments, which are stressful.
 - (iii) His time is conserved.
 - (iv) He often received a more adequate dental service with opportunities for rubber dam and provision for better contours on restorations.

Quadrant therapy meant to the practitioner:

- (i) That he was faced with the possibility of the patient cancelling long appointments which, in the interest of good public relations he could not usually charge an adequate fee for.
- (ii) The additional efforts, stress and organizational ability of the practitioner in providing this service should be remunerated.
- (iii) The provision in some practices of more auxiliary staff.
- (iv) That the "T" factor benefits are mainly in the preparation of the patient, onset of anaesthesia, and duplication of steps in preparation, surgery or impressions. The other factors remain relatively constant.

It was the opinion of the committee that an economic benefit could accrue and that the responsibility of offering to the patient any such benefit, as a result of quadrant therapy, should rest with the individual practitioner.

Authorization

As requested by the Board of Governors, further studies were made to develop a relative value system of fee determination for dental services. (Transactions C.D.A. 1964, p. 43)

These studies were finalized by the sub-committee in the form of a study draft which was distributed to Corporate Members and other interested dental organizations for observation, comment and criticism. This study draft was accepted, as amended, at the March meeting of the Dental Services Committee.

The detailed description of "Responsibility" and "Time" factors and relative value units basically follows the reference list of services as approved by the C.D.A. (Transactions C.D.A. 1964, p.30, Appendix C)

Introduction

The determination of dental fees has always presented areas of difficulty, whether in the direct doctor-patient relationships, or in relationships involving a third party such as insurance companies, government agencies or professional service plans. In order to develop an adequate method of fee determination it becomes mandatory for the dental profession to:

- (a) develop a system whereby most dental services could be related to each other in terms of the *time*, *skill* and *responsibility* required to perform these services.
- (b) use the above system for establishing a scientific method of fee determination.

The need for some scientific system of fee determination is clearly exemplified in the wide variation of dental fees in the fee schedules or fee guides. Although the fees might reasonably be expected to vary between different geographical areas, the fee for any one service should nevertheless bear a reasonable relationship to the fee for other services in the same location. A close study of the various fee schedules in use today indicates a serious lack of such a relationship.

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Numerous discrepancies in the methods used to determine fees are glaringly evident. Dental fees appear to have been established primarily by local custom and local custom does not necessarily produce a fee that is fair and equitable for all services. In order that effective communication take place between members of the profession and the public with respect to dental services, a scientific basis for the determination of dental fees must be established.

The establishment of a uniform fee would not be fair to all geographic areas, nor would it be adaptable to changing economic conditions. The only constant factor that could be generally acceptable would be the relative value of a specific dental service.

Outstanding contributions to the relative values of dental services have previously been made by the University of Michigan, the Michigan State Dental Association and the American Society of Oral Surgeons.

The Relative Value System

(a) *Definition*

A Relative Value System is a scientific device

1. to render dissimilar things comparable
2. by which closely similar things can be differentiated

To such a scientific orientation it is fundamental that a Relative Value Unit be established. This relative value unit would then provide for dynamic orientation, i.e. a readiness to expect differences and changes which continually occur in clinical practice.

(b) *Principles*

The Basic Unit of the Relative Value System must be:

1. A basic dental service which is provided by the "average practitioner for the average patient"
2. Simple (unaccompanied by complications)
3. Frequently performed
4. Limited in variation of technique

A basic service to which the above principles are most applicable is an *occlusal amalgam alloy restoration in a bicuspid tooth*. This restoration should include the required therapeutics of treatment.

(c) *Components of a Relative Value Unit*

1. *Time*—a measurable factor
2. *Responsibility* — consisting of
 - (a) knowledge
 - (b) judgment
 - (c) skill
 - (d) risk
 - (i) clinical
 - (ii) technical

3. *Laboratory Costs* i.e. the actual costs assessed by a laboratory including materials used.

Other components of a basic service were considered for a Relative Value Unit but were not introduced for the following reasons:

1. *Office Overhead*

- (i) Its relationship is primarily to the *overall formula* and not the basic unit.
- (ii) Its variation on an average is not significant enough to basically alter the specific formula for the basic unit. It could be included in the economic factor (f) of the final formula.
- (iii) Its difficulty of application to a particular service.

2. *Patient Difficulty and Patient Value Factor*

- (i) It is subject to extreme variation in interpretation.
- (ii) It is an overlap of the *time* factor.
- (iii) It is not universally applicable to a specific service.

3. *Material*

It is primarily a component of the item *overhead* and *laboratory* and its variation is not significant enough to basically alter the specific formula.

Note: In the establishment of the Relative Value Unit it is the *service* and not the *technique* that was evaluated.

(d) *Basic Formula for Relative Value Unit*

- 1. The basic unit is called an R.V.U. — Relative Value Unit.
- 2. It is attained by multiplying the *time* factor by the *responsibility* factor.
- 3. $\text{Time} \times \text{Responsibility} = \text{Relative Value Unit}$
- 4. $T \times R = \text{RVU}$

(e) *Final Formula*

- 1. The Relative Value Unit is not a fee but a guide to the establishment of a fee.
- 2. To establish a fee it is necessary to use a conversion factor called "f" which converts basic units to dollars.
- 3. Thus, the Relative Value Unit multiplied by an arbitrarily chosen *conversion factor* (f) plus laboratory costs (if any) would establish the fee.

$$\text{RVU} \times f + L = \text{Fee}$$

In order to establish a formula which could be called scientific it is necessary that its component parts be exact or in accord with a definite or accurate systematic range. With reference to the basic premise or principles upon which the relative value system was devised here, the basic components namely *time*, *responsibility* and *laboratory* have a definite value or range. In terms of rendering a dental service, at the present time or in the near future, these components can be identified and classified according to basic principles.

There exists, however, one component which cannot be classified in the above manner. This component involves money or price which is the universal standard for measuring value. It is a fact that economic standards

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or values are not fixed in time and space. In dental practice these values would be affected by such factors as:

- office overhead
- local economic conditions, e.g., standard of living
- general economic conditions, e.g., inflation, deflation, so-called “cost of living” index
- use of auxiliaries, e.g., dental hygienist
- changing patterns of practice, e.g., increase in preventive services
- individual evaluation of knowledge, skill and quality of service
- individual evaluation of significance of service rendered
- value of service to the patient.

Since this relative value system has been devised at the present time and under identifiable and specific methods of practice and economic conditions it has been suggested that, for purposes of illustration, the “f” component of the formula be given some arbitrary value. As this conversion factor is an arbitrary one, alteration of the value of the factor, because of allowance for any of the above conditions, would alter the fee but would still conserve the relationship of the service in a relative value fee system.

BASIC CLASSIFICATION OF RESPONSIBILITY (R) FACTORS

CLASS I (Factor 1)

Amalgam restorations
(one surface)
Dental caries detection test
Denture adjustment
Diet analysis and recommendations
Emergency treatment (palliative)
Finishing restorations
Oral hygiene instruction
Prophylaxis
Pulp testing
Radiographic examination
Recementation of inlay or crown
Removal of calculus
(maintenance procedure)
Silicate and direct resin restorations
Topical application of solutions
for caries control

CLASS II (Factor 1.25)

Amalgam restorations
(two or more surfaces)
Clinical examination
Conservative periodontal treatment
Consultation and treatment
presentation
Cytological examination
Denture rebasing
Denture relining
Denture repairs
Diagnostic models
Displacement dressing (packing)
Examination and diagnosis of
injuries to the teeth and
supporting structures
Emergency treatment
requiring sutures
Exposed pulp treatment
Partial dentures
Post-surgical treatment
Pulpotomy
Removal of calculus
(a periodontic service)
Removal of carious lesions
and dressing

CLASS III (Factor 1.50)

Biopsy
Complete dentures
Cast metal post and coping
Crowns
Diagnosis and prescription
of services
Endodontic treatment
Gold foil
Inlays (including veneers)
Pulpotomy
Provisional splinting (ligation)
Recementation of bridge
Surgical removal of erupted
teeth

CLASS IV (Factor 1.75)

Advanced endodontic treatment
(Apical curettage, etc.)
Advanced periodontal treatment
Fixed bridge restoration
Frenectomy
Inlays or veneers with
retentive pins
Interceptive orthodontic
treatment
Occlusal equilibration
Reinforced amalgam
restorations (pins)
Surgical removal of erupted
teeth requiring "surgical
flap" technique
Surgical removal of
impacted teeth

Note

Because of the variations in responsibility within the various services themselves, it should be noted that the "R" factor within the Basic Classification will not always be the same as the "R" factors in the detailed description of the Relative Value Unit.

This detailed description of *responsibility* and *time* factors and *Relative Value Units* basically follows the Reference List of Services as approved by the C.D.A. (Transactions 1964, page 30, Appendix C).

General Outline

1. DIAGNOSTIC SERVICES
2. PREVENTIVE SERVICES
3. TREATMENT SERVICES
 - (a) *Emergency Services*
 - (b) *Surgical Services*
 - (c) *Periodontic Services*
 - (d) *Endodontic Services*
 - (e) *Restorative Services*
 - (i) Treatment of dental caries
 - (ii) Extensive restoration of teeth
 - (f) *Prosthetic Services*
 - (g) *Orthodontic Services*
 - (h) *Additional Services*

*Detailed Description of Responsibility (R) and Time (T) Factors
and Relative Value Units (RVU)*

The values for *Time* and *Responsibility* factors were established after much detailed study and evaluation. The resultant factors come close to the desired accuracy of a scientific approach to the development of a Relative Value Unit.

Simplicity dictated the classification of Responsibility factors into four

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groups. However, provincial and regional groups and individuals may desire to expand or reduce the four general categories as well as modify the degree of responsibility for specific services. These modifications do not negate the validity of the sound principles on which the Relative Value System is based.

1. DIAGNOSTIC SERVICES

	T	R	RVU
Clinical oral examination			
(a) general (meaning an examination for caries, periodontal disease, orthodontic status, etc.)	1	1.25	1.25
(i) initial examination of new patient	2	1.25	2.5
(ii) re-examination of a previous patient	1	1.25	1.25
(b) specific (an examination for any of the above in a specific area)	.5-.75	1.25	.625-.9
Interpretation of radiographs and written report	1	1.5	1.5
Diagnostic models	1	1.0	1 + L
Diagnostic models (mounted)	2	1.0	2 + L
Medication for diagnostic purposes	.25	1.25	.3
Treatment presentation (excepting extensive treatment)	1-2	1.0	1-2
Consultation			
(a) with patient	1-2	1.25	1.25-2.5
(b) with members of profession	1-2	1.25	1.25-2.5
Biopsy			
(a) soft tissue	2	1.5	3.0 + L
(b) hard tissue	2	1.5	3.0 + L
Cytological examination	1	1.0	1.0
Bacterial examination (culture)	1	1.0	1.0
Pulp tests			
(a) general (complete)	1	1.0	1.0
(b) specific (local)	.125	1.0	.125
Radiographs (including interpretation)			
(Note: in this area of service the T and R factors are not identified; the RVU being the means of evaluation.)			
(a) single periapical film			.5
(b) additional periapical films (up to and including a total of 7 films)			.25
(c) complete series periapical films including bite-wings			4.0
(d) single bite-wing film			.5
(e) posterior bite-wing films			1.5

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	T	R	RVU
(f) occlusal film			
(i) mandibular			1.5
(ii) maxillary			1.5
(g) extraoral radiographs			
(i) right lateral			1.5
(ii) left lateral			1.5
(iii) posterior-anterior			1.5
(h) cephalometric radiographs			
(i) right lateral			2.25
(ii) left lateral			(first cepha-
(iii) posterior-anterior			lometric film)
(iv) anterior-posterior			1.25
(v) right oblique			(each addi-
(vi) left oblique			tional cephalo-
			metric film)
(i) temporomandibular joint			6.0
(closed and open of each side)			(4 films)

2. PREVENTIVE SERVICES

	T	R	RVU
Prophylaxis,			
(a) Scaling			
(b) Polishing			
(i) Deciduous Dentition	1	1.0	1.0
(ii) Mixed Dentition	1-2	1.0	1-2
(iii) Permanent Dentition	2-3	1.0	2-3
Topical application of solution for caries control	1	1.0	1.0
Occlusal adjustment			
(a) general (complete dentition)	2-6	1.75	3.5-10.5
(b) specific	1.5-2	1.5	2.25-3.0
Oral hygiene instruction (oral physiotherapy)			
(a) brushing			
(b) massaging			
(c) embrasure cleansing	Total:	1	1
			1.0
Diet analysis and recommendations	1	1.25	1.25
Dental caries susceptibility tests	1	1.0	1.0 + L
Finishing restorations			
(including refinement of marginal ridges and occlusal surfaces)	1	1.0	1.0
<i>Interceptive Orthodontics:</i>			
(a) habit inhibiting, e.g.			
tongue thrusting			
thumb sucking			
lip biting			

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	T	R	RVU
(i) appliance therapy			
(a) removable	3	1.75	5.25 + L
(b) fixed	5	1.75	8.75 + L
(ii) exercise therapy, e.g. mouth breathing abnormal swallowing tongue thrusting	1	1.75	1.75
(iii) psychological approach	1	1.75	1.75
(b) space maintaining			
(i) removable appliances			
(a) unilateral acrylic or (b) bilateral acrylic	3	1.5	4.5 + L
(ii) fixed appliances			
(a) cast crown, band, etc.	3	1.75	5.15 + L
(b) soldered lingual arch	5	1.75	8.75 + L
(c) space regaining			
(i) intraoral			
(a) unilateral or (b) bilateral (split type)	3	1.75	5.25 + L
(ii) extraoral — head gear	4-6	1.75	7.0-10.5 + L
(d) cross-bite treatment			
(i) removable appliance therapy			
(a) anterior cross-bite e.g. incline guide plane	4-5	1.75	7-8.75 + L
(b) posterior cross-bite e.g. incline guide plane	4-5	1.75	7-8.75 + L
(ii) fixed appliance therapy			
(a) anterior cross-bite e.g. finger spring type	4-6	1.75	7.0-10.5 + L
(b) posterior cross-bite e.g. band and elastic type ..	4-6	1.75	7.0-10.5 + L
(e) dental arch expansion treatment			
(i) removable appliance therapy ...	3-4	1.75	5.25-7.0 + L
(ii) fixed appliance therapy	5-7	1.75	8.75-12.2 + L
(f) office visit			
(i) observation — tooth movement, position, etc.	.5	1.75	.8
(ii) observation and tooth guidance e.g. tooth reduction	1	1.75	1.75
(iii) observation — adjustment, activa- tion etc. of removable appliance .	1	1.75	1.75
(iv) observation — adjustment, activa- tion etc. of fixed appliance ...	1	1.75	1.75

3. TREATMENT SERVICES

(a) *Emergency Services* (definition: demanding immediate attention)

	T	R	RVU
Emergency treatment (palliative)			
(i) teeth	1	1.0	1.0
(ii) supporting and associated tissue ...	1	1.0	1.0
Emergency endodontic treatment (including examination and diagnosis)	2	1.25	2.5
Examination and diagnosis of injuries to the teeth and supporting structures (treatment not included)	1	1.25	1.25
Removal of carious lesion and dressing ..	1.5	1.0	1.5
Emergency treatment			
(i) requiring sutures	1	1.5	1.5
(ii) requiring debridement and sutures .	1.5	1.5	2.25
(iii) requiring sutures, debridement and other surgical procedures	2	1.75	3.5
Post-operative or post-surgical treatment .	1	1.25	1.25
Professional visits to bedside			
(i) examination and diagnosis	2	1.25	2.5
(ii) including palliative treatment	3	1.25	3.75

(b) *Surgical Services*

Surgical removal of erupted teeth			
(i) single tooth	1	1.5	1.5
(ii) more than one tooth in same quadrant	+.5	1.5	.75
(iii) requiring surgical flap	2	1.75	3.5
Surgical removal of impacted teeth			
(i) soft tissue coverage	2	1.75	3.5
(ii) partial bone coverage	3	1.75	5.25
(iii) complete bone coverage	4	1.75	7.0
Surgical removal of residual roots			
(i) soft tissue coverage	1.5-2	1.5	2.25-3.0
(ii) bone tissue coverage	2-2.5	1.75	3.5-4.3
Frenectomy	3	1.75	5.25
Frenoplasty	4	1.75	7.0
Post-surgical treatment	.5-1	1.25	.6-1.25

(c) *Periodontic Services**Non-surgical:*

Displacement dressing (packing) per quadrant	1	1.0	1.0
Removal of calculus (scaling) per quadrant			
(i) supragingival	1-1.5	1.0	1.0-1.5
(ii) subgingival	1.5-2.5	1.25	1.8-3.1

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	T	R	RVU
(iii) polishing including removal of bacterial and mucinous plaques	1	1.0	1.0
Treatment of temporomandibular joint disorder			
(i) diagnostic (specific clinical oral examination)	.5-.75	1.25	.6-.9
(ii) treatment (refer to required procedures)			
Treatment of periodontal abscess and pericoronitis (possibility of surgical service)	1	1.5	1.5
Treatment of acute oral infections			
(i) necrotic gingivitis	1-2	1.5	1.5-3.0
(ii) herpetic stomatitis	1-2	1.5	1.5-3.0
(iii) aphthous stomatitis	1-2	1.5	1.5-3.0
(iv) other acute forms of gingivitis or stomatitis	1-2	1.5	1.5-3.0
Desensitization of Tooth Surface	.5	1.0	.5
Maintenance Care			
(i) re-examination			
(ii) re-evaluation of oral status			
(iii) provision of maintenance therapy (scaling, occlusal adjustment, review oral hygiene, etc.)	2-3	1.25	2.5-3.75
Splinting (provisional)			
(i) removable	1-4	1.5	1.5-6.0 + L
(ii) fixed			
—ligation	1-4	1.5	1.5-6.0 + L
—prosthesis			
refer to appropriate service			
Periodontal prosthesis	3-4	1.5	4.5-6.0 + L
Minor tooth movement			
(i) removable appliance	3	1.75	5.25 + L
(ii) fixed	5	1.75	8.75 + L
<i>Surgical</i>			
Gingival curettage	1-4	1.75	1.75-7.0
Gingivoplasty	1-4	1.75	per quadrant 1.75-7.0
Gingivectomy	1-4	1.75	per quadrant 1.75-7.0
Gingivectomy with osteoplasty	4-6	1.75	per quadrant 7.0-10.5
Gingivectomy with curettage	2-4	1.75	per quadrant 3.5-7.0
"Flap" surgery with osteoplasty	2-4	1.75	per quadrant 3.5-7.0

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	T	R	RVU
"Flap" surgery with curettage	2-4	1.75	per quadrant 3.5-7.0
Mucogingival surgery			per quadrant
(i) apically repositioned flap	4	1.75	7.0
(ii) lateral sliding flap	2-4	1.75	per quadrant 3.5-7.0
(iii) frenectomy	3	1.75	5.25
Post-surgical treatments	1-2	1.25	1.25-2.5
(d) <i>Endodontic Services</i>			
Exposed pulp treatment	.75	1.25	.9
Pulpotomy (deciduous tooth)	2	1.25	2.5
Pulpotomy (permanent tooth)	2	1.5	3.0
Emergency endodontic procedures:			
Treatment of traumatized tooth			
(i) not involving the pulp	.5	1.25	.625
(ii) involving the pulp	.75	1.25	.9
(iii) with root fracture	1-4	1.25	1.25-5.0
(iv) with partial luxation	1-4	1.25	1.25-5.0
General endodontic procedures:			
Preparation of tooth for treatment ...	1-2	1.0	1-2
Endodontic procedures not involving peri- radicular surgery:			
(i) pulpectomy	1-2	1.5	1.5-3.0
(ii) biomechanical preparation of root canal			
1 canal	1-2	1.5	1.5-3.0
2 canals	2	1.5	3.0
3 canals	4-6	1.5	6.0-9.0
(iii) chemotherapeutic treatment of root canal	2	1.25	2.5
(iv) bacteriological test(s) for sterility .	1	1.25	1.25
(v) obliteration of root canal			
1 canal (fully developed root)	2	1.5	3.0
1 canal (partially developed root) .	3	1.5	4.5
2 canals	2-4	1.5	3.0-6.0
3 canals	4-6	1.75	7.0-10.5
(vi) mummification of pulp	1-2	1.25	1.25-2.5
Endodontic procedures involving perira- dicular surgery:			
(i) apical curettage and/or root resection			
1 root	2-3	1.75	3.5-5.25
2 roots	2-3	1.75	3.5-5.25
3 roots	3-4	1.75	5.25-7.0

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	T	R	RVU
(ii) root end filling			
(a) amalgam and non-metallic compounds			
1 root	1-2	1.75	1.75-3.5
2 roots	2	1.75	3.5
(b) silver points			
1 root	2-3	1.75	3.5-5.25
2 roots	3-6	1.75	5.25-10.5
Endodontic procedures involving other types of surgery			
(i) hemisection			
(a) treatment of one root followed by amputation of two roots ..	8-10	1.75	14.0-17.50
(b) treatment of two roots followed by amputation of one root ...	8-12	1.75	14.0-21.0
(c) splinting — see appropriate service			
(ii) tooth replantation	2-4	1.75	3.5-7.0
splinting — see appropriate service			
Post-treatment care			
(i) post surgical care	1	1.25	2.5
(ii) clinical and radiographic examination of treated tooth	1	1.25	2.5
Bleaching of endodontically treated tooth	2-3	1.25	2.5-3.75

(e) Restorative Services

(i) Treatment of dental caries			
Consideration has been given here to further reducing the "T" factor for primary teeth but this reduction in the "T" factor would be nullified by an increase in the "R" and patient difficulty factors.			
Amalgam restorations			
—deciduous dentition:			
one surface (uncomplicated) .	1	1.0	1.0
two surface (uncomplicated) .	1.25	1.25	1.6
three surface (uncomplicated)	2	1.25	2.5
—permanent dentition:			
one surface (uncomplicated) .	1	1.0	1.0
two surface (uncomplicated) .	1.5	1.25	1.8
three surface (uncomplicated)	2.5	1.25	3.1
Reinforced amalgam alloy restorations (pins)	2	1.75	3.5 additional

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	T	R	RVU
Silicate cement and direct resin restorations			
class III and V	1.5	1.0	1.5
class IV	2	1.25	2.5
class IV reinforced restorations (pins)	2.5	1.25	3.0
			total
Gold inlay restorations			
one surface	5	1.5	7.5 + L
two surface	6	1.5	9.0 + L
three surface	7	1.5	10.5 + L
three surface (modified)	7.5	1.75	13.0 + L
(additional factors because of occlusion and extra surfaces involved)			
inlays with retentive pins	1	1.75	1.75
			additional + L
Fused porcelain inlays	5	1.5	7.5 + L
Gold foil restorations			
class I	6	1.25	7.5
class II and III	8	1.5	12.0
class IV	9	1.75	15.75
class V	6	1.5	9.0
(ii) Extensive restoration of teeth			
Crowns (uncomplicated)			
—partial veneer crown	7	1.5	10.5 + L
—partial veneer crown with resin or silicate cement veneer	7	1.5	10.5 + L
—partial veneer crown with retentive pins	8	1.75	14.0 + L
—cast crown (gold)	9	1.5	13.5 + L
—cast crown (acrylic veneer) ...	9	1.5	13.5 + L
—acrylic crown	9	1.5	13.5 + L
—porcelain veneer with metal base	9	1.5	13.5 + L
—complete porcelain crown	10	1.5	15.0 + L
—cast metal post and coping (in addition to crown)	3	1.5	4.5 + L
—stainless steel crown	3	1.0	3.0
—provisional crown (protective dressing)	3	1.0	3.0
Fixed bridge restoration		1.75	+ L

Attachments the same RVU as listed under crowns or inlays, plus laboratory cost for pontics. It is assumed that the general and specific ad-

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	T	R	RVU
	justments of occlusion have been taken care of with a separate fee.		
Splinting (permanent) with soldered attachments	Same as fixed bridge restorations.		
Occlusal rests — preparation for insertion of fixed bridge component into inlays, crowns, etc.	.5	1.0	.5
Removal of			
(a) inlay	.25	1.0	.25
(b) crown	.25	1.0	.25
(c) fixed bridge restoration			
(i) for recementation	1-1.5	1.5	1.5-2.25
(ii) to render useless	1-1.5	1.0	1.0-1.5
Recementation of			
(a) inlay	1	1.0	1.0
(b) crown	2	1.0	2.0
(c) fixed bridge restoration	2	1.5	3.0
Repair of fixed bridge restoration replacing fractured facing			
(a) backing intact	3	1.25	3.75 + L
(b) acrylic (processed)	3	1.25	3.75 + L
(f) <i>Prosthetic Services</i>			
Dentures			
Complete maxillary denture	10-13	1.5	15-19.5 + L
Complete mandibular denture	10-13	1.5	15-19.5 + L
<i>Breakdown of T factors applicable to above</i>			
app't 1: impressions	4T		
app't 2: registrations, selection of shade and mould	2T		
app't 3: try-in	2T		
app't 4: insertion	1T		
app't 5: occlusal equilibration	2T		
adjustments	2T		
Total	13T		
Complete maxillary and mandibular dentures	18-24	1.5	27-36 + L
Partial dentures			
—partial maxillary denture	12	1.25	15.0 + L
clasp attachments			
—partial mandibular denture	12	1.25	15.0 + L
clasp attachments			

DENTAL SERVICES

	T	R	RVU
<i>Breakdown of T factors applicable to above</i>			
—study models	2T		
—case analysis	1T		
—master impression	3T		
—bite registration, mould selection and shade	2T		
—try-in	1T		
—insertion & occlusal equilibration	2T		
—adjustments	1T		
Total	12T		
—partial maxillary denture precision attachments	12	1.5	18.0 + L
—partial mandibular denture precision attachments	12	1.5	18.0 + L
—provisional removable partial denture	3	1.25	3.75 + L
—stress breaker		1.5	1.5 + L additional
Denture adjustments (after 3 months from insertion)			
(i) denture base	.5	1.25	.6
(ii) denture occlusion	.5	1.25	.6
Denture repairs	.5	1.25	.6
Repairing denture fracture (no teeth involved)			
—complete impression required	2	1.25	2.5 + L
—complete impression not required . .	1	1.25	1.25 + L
Repairing denture fracture with fractured teeth			
—complete impression required	2	1.25	2.5 + L
—complete impression not required . .	1	1.25	1.25 + L
Replacement of fractured teeth (no impression required)			
—1st tooth	1	1.25	1.25 + L
—each additional tooth	1	1.25	1.25 + L
Replacement of clasp on denture, clasp intact			
—complete impression required	2	1.25	2.5 + L
Replacement of clasp on denture, with new clasp			
—complete impression required	2	1.25	2.5 + L
Denture relining (complete or partial denture)			
(i) tissue conditioning	3	1.25	3.75

DENTAL SERVICES

	T	R	RVU
(ii) processed	3	1.25	3.75 + L
(iii) self polymerizing	3	1.25	3.75
Denture rebasing (using new denture base material)	3	1.25	3.75 + L
(g) <i>Orthodontic Services</i>			
(h) <i>Additional Services</i>			
Anaesthesia services			
local anaesthesia	.25	1.75	.4
general anaesthesia for conservative dental treatment	*D.T.R.	1.75	
general anaesthesia for oral surgical treatment	*D.T.R.	1.75	
oral sedation as an adjunct to local anaesthesia	.25	1.5	.3
intravenous sedation as an adjunct to local anaesthesia	*D.T.R.	1.5	
inhalation analgesia	*D.T.R.	1.25	
Drug therapy			
(i) prescribed or dispensed	.25	1.5	.3
(ii) administered	.5	1.5	.75
(*D.T.R.: Depending on Time Required)			

Conclusion

1. The most valid method of determining dental fees for a very broad range of services is by means of a scientific formula.
2. Such a scientific formula is possible since most dental services lend themselves to an hourly or *time* rating.
3. The final formula should include the human and environmental variables which are ever present in rendering a dental service. These variables should be included in the "f" factor.
4. An acute awareness of the grave responsibility in the classification of the *responsibility factor* was ever present, but a scientific orientation consoled the members of the sub-committee that "nothing was final".
5. The application of the Relative Value System of Fee Determination would eliminate many of the obvious inequities in the present dental fee schedules. The determination of fees by this system would indicate that the dental profession can adequately provide all dental services equitably to both the patient and the practitioner. The Relative Value System presents areas of difference with past traditions that require the dental practitioner to re-evaluate his previous approach and take a new look at his methods of determination of dental fees.

R. C. Freeman
W. W. Pressey
R. A. Clappison — Sub-committee chairman

Ready Reference Tabulation Guide

T	R	RVU	T	R	RVU
.25	x 1.0	= .25	5	x 1.0	= 5.0
.25	x 1.25	= .3	5	x 1.25	= 6.25
.25	x 1.5	= .375	5	x 1.5	= 7.5
.25	x 1.75	= .4	5	x 1.75	= 8.75
.5	x 1.0	= .5	6	x 1.0	= 6.0
.5	x 1.25	= .625	6	x 1.25	= 7.5
.5	x 1.5	= .75	6	x 1.5	= 9.0
.5	x 1.75	= .875	6	x 1.75	= 10.5
.75	x 1.0	= .75	7	x 1.0	= 7.0
.75	x 1.25	= .9	7	x 1.25	= 8.75
.75	x 1.5	= 1.1	7	x 1.5	= 10.50
.75	x 1.75	= 1.3	7	x 1.75	= 12.2
1	x 1.0	= 1.0	8	x 1.0	= 8.0
1	x 1.25	= 1.25	8	x 1.25	= 10.0
1	x 1.5	= 1.5	8	x 1.5	= 12.0
1	x 1.75	= 1.75	8	x 1.75	= 14.0
1.5	x 1.0	= 1.5	9	x 1.0	= 9.0
1.5	x 1.25	= 1.8	9	x 1.25	= 11.25
1.5	x 1.5	= 2.25	9	x 1.5	= 13.5
1.5	x 1.75	= 2.6	9	x 1.75	= 15.75
2	x 1.0	= 2.0	10	x 1.0	= 10.0
2	x 1.25	= 2.5	10	x 1.25	= 12.5
2	x 1.5	= 3.0	10	x 1.5	= 15.0
2	x 1.75	= 3.5	10	x 1.75	= 17.50
3	x 1.0	= 3.0	Responsibility Factors Class I 1.0 Class II 1.25 Class III 1.5 Class IV 1.75		
3	x 1.25	= 3.75			
3	x 1.5	= 4.5			
3	x 1.75	= 5.25			
4	x 1.0	= 4.0			
4	x 1.25	= 5.0			
4	x 1.5	= 6.0			
4	x 1.75	= 7.0			

Appendix B

REFERENCE LIST OF SERVICES

The Dental Services Committee respectfully requests the Board of Governors to consider acceptance of the proposed changes and additions to the Reference List of Dental Services adopted last year (Transactions 1964:30). Clinical Oral Examination (page 32)

- (a) General — add the following “(meaning an examination for caries; periodontal disease; orthodontic status, etc.)”
- (b) Specific — add the following “(meaning an examination for any of the above in a specific area)”

DENTAL SERVICES

Consultation (page 32)

(a) With patient — add “or parent”

Post-operative Treatment (page 35 and page 37)

Change to “Post-surgical Treatment”.

Additional Services (page 41)

Add at end of section a new line, “Written Report to Third Party”.

COMMENT AND ACTION

1. It is recommended that the valuable contribution to the Dental Services Committee made by Dr. W. J. Dunn and Dr. W. G. McIntosh be gratefully acknowledged and that the best wishes of the Association be conveyed to Dean Dunn and to W. G. McIntosh.
- 2-3. Information.
4. Noted with interest.
5. Agreed.
6. The Dental Services Committee is to be commended for completing this assignment so ably and so expeditiously.
7. Information.
- 8-10. Approved.
11. Noted with interest.
12. Approved.
13. Information.
14. Noted.
15. Approved as amended. The Dental Services Committee is to be highly commended for so successfully completing this extremely difficult task.
- 16-17. Agreed.
It is recommended that the report of the Dental Services Committee be adopted.

APPROVED

NATIONAL EXECUTIVE COUNCIL: *P. E. Currie, Chairman, London; W. H. Feasby, Winnipeg; C. H. McCormick, Winnipeg; E. F. Allison, Calgary; E. A. Stang, Edmonton; E. R. W. Bilkey, Toronto; D. L. Rife, Executive Secretary-Treasurer, Toronto.*

REPORT

1. The second annual meeting of the National Executive Council of the section was held on June 29, 1964, in conjunction with the CDA meeting in Edmonton.
2. The Alberta Chapter acted as hosts at this meeting and arranged their clinical program on the Saturday preceding the CDA meeting. This procedure is most beneficial to the section as a whole and instrumental in establishing a strong and reciprocal liaison with the CDA Board of Governors. Where chapters exist these arrangements will be encouraged in the future.
3. In Edmonton, the council:
 - (a) Re-elected Dr. P. E. Currie, Chairman for 1964-65.
 - (b) Reactivated in Manitoba a study project under the Chairmanship of Dr. W. H. Feasby to determine, "National Standards of Dental Health Care for Children". This project is to be co-ordinated with the CDA Bureau of Economic Research.
 - (c) Expressed concern and every willingness to assist in a practical way the establishment of constituent chapters in the provinces and areas where these do not presently exist. At the same time the Council stressed the necessity of local leadership in these regions in order that a chapter would function as a practical force in the treatment of the child patient and not operate solely as an organizational appendage.
 - (d) Instructed the Chairman to initiate negotiations to establish paedodontics as a specialty on a national level.
 - (e) Instructed the Executive Secretary-Treasurer to attend, annually, the Board of Governors meeting of the CDA, the cost of attendance to constitute a legitimate expense of the section.
4. Since the Edmonton meeting, the chairman, on behalf of the Council has:
 - (a) Responded to a request for the CDA Steering Committee on the Royal Commission on Health Services to submit a preliminary report on the reaction of the section to the recommendations of the Commission specifically relating to dentistry for children. The "Fifth Draft" statement of the CDA which materialized from the various reports to the Steering Committee, will be critically reviewed by the Council at Quebec City in May, 1965.
 - (b) Drafted a letter (Appendix A) to the CDA Board of Governors endorsing paedodontics as a national specialty following negotiations with the Academy of Paedodontics and the CDA Committee on Specialists and Specialization.

DENTISTRY FOR CHILDREN

5. *Society Representations*

(a) The CDA has appointed the national secretary-treasurer to be one of its representatives at the second Canadian Conference on Children at Quebec city in October.

(b) The Secretary of the Ontario chapter and the national secretary-treasurer were appointed to the National Fluoridation Committee of the Health League of Canada.

6. *Chapter Highlights*

(a) Manitoba — November 7, 1964.

A one-day seminar on Growth and Development was held in Winnipeg.

May 5, 1965.

Annual meeting in Winnipeg. Feature subject: "The Availability of Dental Services in Winnipeg Dental Offices."

(b) Ontario — May 15, 1965.

Annual meeting, Toronto, with a full day of essayists and clinicians.

(c) Alberta — June 14, 15, 16, 1965.

Annual meeting, in conjunction with the Western Canada Society, at Banff, Alberta.

(d) Saskatchewan — May 1-2, 1965.

An extensive re-organization program is underway with a view to strengthening the chapter.

Appendix A

Letter to Secretary, Canadian Dental Association from Chairman, National Executive Council, Canadian Society of Dentistry for Children, March 20, 1965.

"As the Board of Governors is aware, the Canadian Academy of Paedodontics has formally applied to the Canadian Dental Association for the recognition of Paedodontics as a specialty. The Board is also aware of the strong position in favour of specialty recognition taken by the participants of the Conference on Paedodontic Education (CDA Transactions, 1964, page 61).

Without some clarification it may appear to the members of the Board that the application by the Academy is somewhat in conflict with that section of the CDA devoted to children's dentistry, namely the Canadian Society of Dentistry for Children.

For the Board's consideration we would respectfully submit the following observations:

1. It is our strong conviction that the recognition of Paedodontics as a specialty will enhance the activities of our Section. The C.S.D.C. has always depended upon those members with advanced training in paedodontics for active participation in the clinical sessions of our organization. These sessions, from a practical standpoint, contribute in no small measure to the dis-

semination of post-graduate paedodontic instruction to Canadian dentists in general practice.

2. We are delighted that the Academy, as a condition of membership, has insisted on a dual membership in the C.S.D.C. This is a most enlightened approach by a group of potential specialists. The increasing percentage proportion of children to adults in Canada behooves a close-working liaison between our graduate paedodontists and the broad stream of general practitioners who are competent to attend to the average needs of younger patients.
3. We are agreed that changes in our Constitution and By-laws should be effected to recognize "Academy" members in addition to the "active", "associate", "and "student" classifications already in existence. It is presently contemplated that these changes will be introduced at the next National Council meeting of the C.S.D.C., to be held in Quebec City.
4. We recognize that the Board is opposed to indiscriminate recognition of specialties but that a precedent in Paedodontics has been established by four Corporate Members of the C.D.A.
5. We recognize the possibility that, although the qualifications for Academy membership are academically stringent, the Royal College of Dentists may ultimately require more rigid requirements for certification. Notwithstanding this possibility we regard the Academy as a logical first step for Royal College consideration. Indeed, with the establishment of the Royal College now assured, and the convening of the Provisional Council a reality in late 1965 or early 1966, we regard the proposed application for Paedodontic recognition as propitious for the legitimate aspirations of the Royal College.

In summary, the C.S.D.C. enthusiastically endorses the application of the Academy for specialty recognition in Paedodontics and is hopeful that the Committee on Specialists and Specialization and, ultimately, the Board of Governors of the C.D.A. would agree to the adoption of this application."

COMMENT AND ACTION

1. Information.
2. Noted with approval.
3. Noted with commendation.
4. We note with appreciation and endorse the application for paedodontics as a specialty.
- 5-6. Information.
We recommend that the report of the Dentistry for Children Section be adopted.

APPROVED

BUREAU OF ECONOMIC RESEARCH

DIRECTOR: MRS. ISABEL BROWN

REPORT

1. The responsibility of the Bureau of Economic Research, as outlined in the by-laws of the association, is "to collect, compile, develop, analyse and disseminate data and statistics that concern the dental profession". Regular and special duties of the bureau are assigned by CDA councils and committees and by the Secretary.
2. Seven studies are conducted annually by the bureau. These are:
 - Average Income of Canadian Dentists;
 - Applicants and Applications to Canadian Dental Schools;
 - Dental Students' Register;
 - Headquarters Staff Dental Plan;
 - Dental Personnel in Canada;
 - Fluoridation in Canada;
 - Longevity and Mortality of Dentists.
3. The format of the published reports was altered this year. Previously bureau reports were published in the *CDA Journal*. The director and the editor decided that it was not necessary to publish the full text and tables of all reports in the *Journal*. It was agreed that reports would be printed and distributed by the bureau and that the editor would include in the *Journal* excerpts he believed to be of interest to the general reader.
4. The report, "Applicants and Applications to Canadian Dental Schools", was developed this year to include measurements of such items as the effectiveness of provincial recruitment programs and the loss of potential dental students. Next year, the Association of Canadian Medical Colleges is intending to begin collecting information similar to that collected by the CDA. A suggestion has been received from the association that we exchange information on applicants to medical schools and dental schools for the 1965-66 academic year.
5. The general content of other reports was only slightly modified this year.
6. The list of factors to examine in selecting a dental practice location was revised and completed. This list, contained in a report on the placement of dentists, was presented to the National Recruitment Committee. Reports were also presented to the Council on Education and the Dental Services Committee.
7. The Dental Economics Newsletter is prepared by the bureau and issued monthly. The newsletter facilitates an exchange of information among the provinces and keeps interested dentists up-to-date on events in the field of economics. Preparation of each month's newsletter involves the reading of dozens of papers and periodicals. The newsletter continues to increase in length as more and more pertinent articles are appearing in Canadian and foreign publications. Newsletter items that are of general interest are reprinted in the *Journal's* "Economics" section.
8. Among other miscellaneous routine duties, the director has the responsibility of supervising the membership records section and the administration

of the headquarters staff dental plan. In addition, the bureau receives many requests for general and specific information. It is estimated that researching the information required and answering the requests through personal interviews, telephone conversations and correspondence occupies almost 20 per cent of the director's working day.

9. The delay in publishing the results of the 1963 Survey of Dental Practice has been a cause of great concern to the director. It was originally hoped that the survey could be completed in time for the meeting of the Dental Services Committee at the end of March. However, when the production schedule for the survey was integrated with the regular assignments of the bureau it was evident that the earliest possible date for completion would be in late July.

10. Events of the last few months have further retarded the progress of the survey.

- (a) Difficulties in the data processing of the returns have delayed delivery of preliminary tabulations to the bureau. In fact, not all machine runs have yet been received from the firm which is doing the data processing.
- (b) The director has had to spend a great deal of time working for the Steering Committee responsible for drafting the Statement on the Report of the Royal Commission on Health Services. A tremendous amount of material had to be compiled for the many meetings of the Steering Committee and, on the instruction of the committee, the director prepared five drafts of the statement. This work took precedence over work connected with the survey.

11. It is sincerely hoped that top priority may now be given to completing the survey so that it can be published by the fall of this year.

12. It was decided to hasten distribution of the survey results by releasing each of the 12 chapters of the survey separately. As preliminary tabulations of the survey have become available, short items on the results have been placed in the Dental Economics Newsletter and in the *Journal*. Whenever possible, requests for specific information from the survey are answered. Numerous requests have been received from provincial organizations and individual dentists.

COMMENT AND ACTION

- 1-2. Information.
- 3-4. Noted with approval.
- 5. Information.
- 6. Noted with satisfaction.
- 7. Noted with commendation.
- 8. Information.
- 9-11. Noted with the recommendation that top priority be given, if possible, to the publication of the 1963 Survey of Dental Practice. Appreciation is extended to Mrs. Brown for her valuable contribution to the Steering Committee.
- 12. Noted with approval.

We recommend the adoption of the report of the Bureau of Economic Research.

APPROVED

MEMBERS: *J. McCutcheon, Chairman, Montreal; R. V. Blackmore, Edmonton; C. E. Dexter, Halifax; J. W. Neilson, Winnipeg; O. J. Yule, Toronto; S. Wah Leung, Vancouver.*

REPORT

1. The meeting of the Council on Education was held at Canadian Dental Association headquarters on March 18th-19th, 1965. The members of Council were present together with the deans of the dental faculties, the executive staff and certain invited guests including Dr. P. S. Christie, Halifax, CDA President-elect, Dr. K. Wessels, Secretary, Council on Dental Education, American Dental Association, Mr. T. J. Ginley, Director, Division of Educational Measurements, Council on Dental Education, American Dental Association, Dean A. C. Lewis, Consultant to Council, Toronto, and Dr. J. Jansen of Singapore.

2. Since the last meeting Dr. T. J. Cooke has tendered his resignation as a member of Council. Dr. Cooke's strong contributions to the work of this body will be sorely missed. The news of his resignation was, therefore, received with sincere regret and expressions of real appreciation for his efforts in the past. Dr. R. V. Blackmore, Edmonton, joined the Council succeeding Dr. Cooke.

3. *The University of Western Ontario*

Council noted with great pleasure the creation of a new Faculty of Dentistry at the University of Western Ontario and welcomed particularly Dr. W. J. Dunn to the meeting in his capacity as newly appointed Dean of that faculty.

Dental Students' Register

4. Mrs. Isabel Brown, Director of the Bureau of Economic Research, presented a most comprehensive report on data collected from the dental schools and the schools of dental hygiene relative to enrolment, dental hygienists, wastage of dental students, graduates, dental internships, capacity of undergraduate classes, advanced admissions, pre-dental education, residential distribution and cost of education in the 1964-65 period. Undergraduate enrolment reached 1,239 students in that year. All first year dental classes were virtually filled to capacity; 62 more students were enrolled than in the previous year. Three of the older schools reported larger classes; women students enrolled numbered the same as last year. Graduate, post-graduate and special courses were offered at four of the dental schools with enrolments rising from 53 last year to 71 this year. The material contained in this report has been published in the Journal and is worthy of close study.

5. Mrs. Brown and Mr. Ginley have agreed to study the possibility of reporting in future years the number of Canadians enrolled in graduate programs in the United States. Next year, as well, a study will be made into the possibility of accepting a larger number of first year students than can be accommodated in final year classes. This study arises out of a concern for the average 10% wastage which occurs between first and final years.

6. *Applicants and Applications — 1964*

The Director of the Bureau of Economic Research presented the results of a study into applicants and applications to dental faculties during 1964. During that year 1135 applicants submitted 1431 applications for admission to Canadian dental schools. Of these, 925 were Canadian applicants. Applications from all applicants have more than doubled over the past three years while the number of applicants submitting them rose by 89%. This report which has been published is also worthy of careful study.

7. *National Dental Examining Board*

Dean J. D. McLean, one of Council's representatives to the National Dental Examining Board, reported orally regarding the Board's 1964 meeting with considerable discussion arising. Due to the broad variance which applies from school to school in the sequence of holding examinations and the dates of convocation relative to the examinations of the National Dental Examining Board, the Council proposed that the National Dental Examining Board consider amending its regulations to allow a senior dental student of an approved dental school to write the Board examinations and have the results withheld until such time as the student has formally graduated from that school. The Council further acknowledged the valuable contribution that Dr. Armand Fortier has rendered to the National Dental Examining Board on its behalf and expressed sincere appreciation for those services as he ends his term as representative of Council to the Board.

8. *Survey of Dental Hygiene Schools*

Council heard Dean A. C. Lewis present a report of the survey committee which on January 11 to 13, 1965, inspected the School of Dental Hygiene of the University of Manitoba. The committee noted that the teaching of certain prosthetic duties in accordance with the provisions of the Manitoba Dental Association Act were included in the program as supplemental to the basic hygiene course. The committee was satisfied that the requirements for the approval of a school of dental hygiene are being meticulously carried out by a devoted staff and recommended to the Council that the School of Dental Hygiene of the University of Manitoba be approved. Council concurred with that recommendation.

9. *Survey of Dental Schools*

Dean R. G. Ellis reported for the sub-committee on the future of the survey team to which reference was made in the Report of Council last year. The sub-committee agreed that the survey team should be encouraged to extend its activities and study in greater depth specific aspects of dental education. The sub-committee also proposed that the composition of the survey team in the future should comprise six members chosen for their interest in the following areas of dental education; first, active dental educators with a science background; secondly, practising dentists who have a background or have had some association with dental education; and, lastly, basic science teachers with broad interests. Visitation teams to individual schools shall be comprised of four members, one from each of the categories noted above; and, the fourth from the remaining members of the Survey

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Team or a special consultant from elsewhere, depending on the special needs of a school to be surveyed. Council approved these recommendations and requested the sub-committee to give consideration to a proposed schedule of surveys as well as to possible members of future survey teams.

10. *World-Wide Survey of Dental Schools*

Consideration was given to a resolution of the Board of Governors as reported in the CDA Transactions 1964, page 171, item 4; that, "if possible, the Council on Education . . . develop a facility for the evaluation and accreditation of dental schools on a world-wide basis". Clearly such an undertaking could not be implemented without considerable difficulty; nevertheless, Council empowered its Chairman to create a sub-committee to determine the existence of agencies through which a world-wide survey of dental schools might be undertaken.

Teaching Conferences

11. Three teaching conferences were held under the sponsorship of the Council on Education in 1965. The first of these brought together the Directors of the Schools of Dental Hygiene of the University of Alberta, Dalhousie University, the University of Manitoba and the University of Toronto on January 20th, 1965, under the chairmanship of Mrs. Janet Burnham. The report of that conference which is appended to this report as appendix A, underlines once again the great benefit that can be achieved from meetings of this kind. Arising from recommendations in that report the Council took the following actions. It was agreed that a sub-committee be created to review and revise the pamphlet, "Minimum Requirements for Approval of a School of Dental Hygiene". Note was made of the reference to a suggested four-year degree program which would include the dental hygiene diploma program although it was recognized that any program which would lead to an academic degree can be instituted only at the discretion of individual universities.

12. The second conference in which the Council had a considerable interest was conceived out of resolutions from the Auxiliary Services Committee (Transactions 1963, 2:13) and from the 1963 Secretaries' Conference. It concerned the training of dental assistants and was held at CDA headquarters on January 21st, 1965, under the chairmanship of Dean H. R. MacLean. Dean MacLean presented an oral report on this meeting stressing once again the important benefits to be achieved from the exchange of ideas among vitally involved participants in dental assisting programs.

13. The annual teaching conference sponsored by the Council in 1965 was on the subject of prosthodontics. The meeting held on March 16th and 17th, 1965, brought together representatives from the departments of prosthodontics of each of the Canadian dental schools under the chairmanship of Dr. Jean Nadeau, Chairman of the Department of Prosthodontics, Faculty of Dental Surgery of the University of Montreal. Unhappily, due to the shortness of the interval between the conference and the meeting of Council, a complete report was not available for presentation to the Council. The report and appendices will be circulated to Deans and to members of Council and will be discussed at the next meeting of Council.

14. Consideration was given to a broad variety of possible subjects for the 1966 teaching conference session. It was finally agreed that that two-day teaching conference be devoted to the subject of Periodontics. It was further agreed that Dr. C. H. M. Williams, Chairman of the Department of Periodontics at the University of Toronto, be invited to accept the chairmanship of the conference.

15. *Auxiliary Services Committee*

The Auxiliary Services Committee at its meeting in January 1965 adopted a resolution recommending an immediate start on a pilot study to examine the extension of services of graduate dental hygienists "to include certain restorative procedures and other paedodontic dental services, prosthetic services and orthodontic services within the framework of the Canadian Dental Association policy statement on auxiliary personnel to assess the time required for training such personnel, their productivity and the results of their integration into the dental team". This resolution was considered by Council which declared a preference to see the resolution amended to read that the pilot studies on extended services be encouraged within the existing curricula aimed at determining the feasibility of preparing the hygienist for increased responsibilities and an extension of these studies to graduate hygienists to be conducted to determine their productivity, their integration into the dental team and the economic soundness of their use in these expanded ways. Experimental studies in some aspects are being or have been carried forward at the universities of Alberta, Manitoba and Toronto.

16. *Aptitude Testing*

As noted in the report of the Council on Education in 1964 a committee comprising Dean R. G. Ellis and Dean Wah Leung was commissioned to consult with Dr. R. M. Grainger and Mrs. I. Brown to look into the details concerned with the institution of an aptitude testing program in Canada. The report of this sub-committee was presented by Dr. Grainger. A summary of the report's recommendations appears as appendix B. The operative recommendation reads as follows: "It is recommended as a principle that the Canadian Dental Association utilize the American Dental Association Aptitude Tests with modifications appropriate for use in Canada". In receiving the report and approving the recommendations contained therein, Council expressed its most sincere appreciation to the committee members and their consultants and in particular to Dr. Grainger and Dr. J. Flowers of the Ontario College of Education who have carried forward over a very long period an exhaustive study into the matter of an aptitude testing program in Canada. This is a most important and significant forward step in dental education which should bring considerable benefit to every dental faculty. Council hopes for an early implementation of the recommendation.

17. *Dental Internships*

An application for Council approval of the dental internship program offered at the Ottawa Civic Hospital was considered by the Council and approved.

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18. *National Cancer Institute of Canada*

A report prepared by Dr. C. H. M. Williams, CDA representative to the National Cancer Institute of Canada, on the provision of services in Canada for the use of the cytological smear technique for early detection of cancer of the mouth, was received. This report details in a most comprehensive manner the progress which has been made in the adoption of the technique across the country. The report appears as appendix C. The Council wishes to commend most highly Dr. Williams for the enthusiasm, energy and vision which he has brought with his associates to the promotion of the use of the cytological smear technique within the profession.

19. *Summer Students' Program*

Following on the recommendation of the President to the Board of Governors of the CDA at its meeting in Toronto in 1963 (Transactions 1963, p. 139: 26, 27, 28), a study was made into the Michigan summer student employment program. A report of that study appears as appendix D. Following consideration of the report, Council agreed to recommend that Canadian dental schools encourage dental students to take part in preventive schemes similar to the Michigan program in order that maximum educational benefit might be derived by the student participants.

20. *National Recruitment Committee*

A report of a meeting of the National Recruitment Committee which was held at CDA headquarters on March 1st, 1965, and which appears as appendix E, was heard by Council. Council wishes to extend its appreciation to Dr. Glenn Mitton and to the members of his committee for the valuable work which has been accomplished during the past year. In considering the recommendation included in the report Council suggested, as an alternative, that the Chairman be authorized to invite, when it was deemed appropriate, one or two representatives from provinces which are not now represented on the committee. Council also extended its appreciation and compliments to Dr. G. Ratté for the contribution which he has made to the work of this important committee during the term of his membership on it. It was further proposed that Dr. Jean Guimond be invited to accept an appointment to the committee replacing Dr. Ratté for a term ending in 1968.

21. *War Memorial Awards*

The Executive Council asked that the Council on Education give study to the desirability of assuming the duties of the War Memorial Awards Committee. Council adopted a resolution "that the Council on Education, if requested, is willing to assume responsibility for the War Memorial Awards competition on the basis of terms of reference acceptable to the Council".

22. *Royal Commission on Health Services*

Following the publication of the Royal Commission on Health Services report, a survey of members of the Council and others directly concerned with dental education in Canada has been carried out, testing reaction to those portions of the report which have or will have a direct bearing on dental education. The results of this survey were compared with the fourth

draft of the CDA Steering Committee's report and discussed at considerable length. The comments arising from this discussion have been referred to the Steering Committee for consideration in the preparation of a final report to the Executive Council.

23. *Parent Commission Report*

Dean J. P. Lussier's summary is attached as appendix F. The report of the Royal Commission of Enquiry on Education in the Province of Quebec will undoubtedly have considerable significance for at least the two schools of dentistry in that province. It is expected that the effects of the implementation of the recommendations contained in the Royal Commission Report will form the basis for debate in future meetings of the Council on Education.

24. *Insurance Committee*

Council gave consideration to the resolution adopted by the special committee on commercial insurance studies at its meeting in January 1965 which proposed a "more adequate educational program in the broad field of personal economic planning as it relates to insurance and investment programs". Council noted the resolution with interest and suggested that faculties of dentistry be asked to consider inclusion of such a program within their curricula.

25. *Admission of Foreign Graduates*

The admission of graduates of dental schools in countries other than Canada and the United States continues to be a difficult and distressing problem facing committees on admission in Canadian dental schools. Lacking a scheme which would accredit dental schools on a world-wide basis, Canadian dental school admission committees have a most unenviable task before them in attempting to assess the relative qualifications of candidates applying for advanced standing admission to the undergraduate degree programs. The Council, therefore, referred to the sub-committee noted in paragraph 10, as an additional term of reference, the consideration of a possible revision of Council's policy regarding graduates of certain foreign educational systems.

26. *Budget*

The Council approved the budget submitted to the Treasurer. It appears as appendix G.

Appendix A

REPORT ON THE CONFERENCE OF DIRECTORS OF SCHOOLS OF DENTAL HYGIENE

Background

The Board of Governors of the Canadian Dental Association approved the recommendation of the Council on Education that closer liaison be developed between the schools of dental hygiene in Canada. To implement the recommendation, the Board of Governors approved a conference of the directors of Canadian schools of dental hygiene to be held in the CDA

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headquarters building. Subsequently, the date of January 20, 1965, was selected and the Director of the School of Dental Hygiene at Dalhousie University, Janet R. Burnham, was appointed chairman.

On October 13, 1964, Dr. W. G. McIntosh, then Assistant Secretary of the Canadian Dental Association, sent letters of invitation to the directors of the four schools of dental hygiene. On October 28th, the conference chairman sent letters to each of the directors in which topics for discussion were suggested and additional discussion topics of mutual interest were requested. On receipt of the replies, ten topic headings were selected and an outline for discussion was prepared which included sub-topics and discussion questions. The outlines for the meeting were mailed on December 8th to provide time for the preparation of materials for distribution at the meeting.

Conference Proceedings

Participants:

Margaret Berry, University of Alberta
Janet Burnham, Dalhousie University
Margery Forgay, University of Manitoba
Marjorie Jackson, University of Toronto

Opening: The conference opened at 9 a.m. on Wednesday, January 20, 1965, in the Board Room of the Canadian Dental Association headquarters. The group was welcomed by Dr. W. G. McIntosh, Secretary of the CDA, who outlined the proceedings which had led to the initiation of the conference. In an atmosphere of informal discussion, consideration was given to each of the ten topics. A brief resume of the discussion on each of the topics follows. Recommendations of the conference participants are appended to the report.

1. *Curriculum*

The subjects taught in each of the schools of dental hygiene were surveyed. Information was exchanged on objectives in relation to dental hygiene education, course titles and content, correlation with other subject areas, and number of hours of lecture, laboratory or clinical instruction. It was determined that only minor differences exist among the four schools and that, in most instances, the variations indicate attitudes and philosophies of the dental school and the dental profession in the area served by the school of dental hygiene. There was agreement that the number of hours of instruction was not a reliable measure of the value of a given subject in the curriculum and that emphasis should more properly be placed on objectives and course content. It was agreed that the curriculum should be maintained at a level which would insure that the graduate dental hygienist would have the necessary knowledge to wisely practise the art and science of dental hygiene and its related technical skills.

Lack of time made it necessary to curtail detailed discussion of pre-clinical and clinical instruction. Both areas were considered important items for future study.

2. *Faculty*

The shortage of dental hygienists interested in and qualified for teaching

positions is a universal problem. Until such time as sufficient numbers of academically qualified dental hygienists are available, only the most realistic of standards are possible. With these facts in mind, it was agreed that *minimum* standards should be as follows: Director—baccalaureate degree plus certificate or diploma in dental hygiene, instructor—academic qualifications beyond the diploma or comparable experience; clinical instructor—diploma plus practical experience.

The ratio of instructor to students was discussed. It was agreed that the ratio was not critical in subjects which were confined to lectures. No ratio was established for laboratory classes for it was agreed that the type of procedure involved and the method of evaluation of student progress were the important factors in determining a satisfactory and workable instructor-student ratio. The suggested ratio in clinical instruction varied from 1:4 to 1:8 depending upon teaching techniques, the degree of supervision and the number of times each student was checked on a given procedure.

The amount of time the director should devote to administration and the amount to teaching and class preparation could not be determined. It was agreed that the director should have an adequate amount of time to devote to administrative problems and to planning.

The number of full and part-time dental hygienist staff members at each of the schools was reviewed. It was agreed that in the interests of improved teaching, emphasis should be placed on securing full time staff members and where part-time staff members are employed they should be on a year-round basis. It was agreed that "in-service training" is necessary to all programs and indispensable as programs enlarge and staff grows in numbers.

It was agreed that it was necessary and important to have a member of the dental faculty serve as a clinical consultant for each patient seen by a dental hygiene student. (In some schools this is a routine procedure as the patient is examined in the department of Oral Diagnosis before being assigned to a dental hygiene student.)

It was agreed that there was need for dental hygiene faculty representation on any faculty committee dealing with matters which have a direct or indirect influence on the administration and development of the dental hygiene program.

3. *Minimum Requirements for Approval of a School of Dental Hygiene*

The current statement on "minimum requirements" was carefully reviewed. There was agreement that the requirements as stated permit the development of an educational program for dental hygienists along lines indicated in each region. Experience suggests that slight modifications under "Admission Requirements" would be of benefit in counseling potential students. Amendments of the list of "Subjects to Study" was recommended to better delineate certain subject areas. Amendment of paragraphs under "Subjects of Study" and "General Comments" was recommended to de-emphasize the role of the dental hygienist in dental public health and so to indicate the role of the dental hygienist in private dental practice.

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4. *Recruitment of Students*

In discussion of this topic it was determined that the practising dentist made an important contribution in the recruitment of applicants qualified for admission to educational programs in dental hygiene. Three of the four schools indicated that currently they were experiencing a ratio of 2 to 3 applicants for each place in the class. Dates of admission meetings were reviewed. It was decided that it would be beneficial to circulate class lists to all directors when candidates for the class entering in the fall have been admitted.

It was agreed that the burden of responsibility for recruitment of qualified candidates rests on the dental profession—both organized dentistry and the individual dental practitioner, on the members of the dental hygiene profession and their organizations and on high school guidance counselors rather than on the schools of dental hygiene. However, the conference participants recognized the responsibility of the schools of dental hygiene to provide current information and to seek publicity through the usual channels.

5. *Continuing Education*

To date, none of the schools has sponsored refresher or post-graduate (under graduate level) courses. It was agreed that there was a growing need for this type of program in continuing education for the dental hygienist. The concept of continuing education received whole-hearted endorsement and it was agreed that there was need for further study of this topic.

It was determined that credit for subjects in the dental hygiene curriculum toward the requirements for a baccalaureate degree is granted only to the extent of the number of classes taken in conjunction with university students enrolled in baccalaureate programs. It was agreed that there is an urgent need for the development of academic programs which will permit a student to qualify for a degree as well as the diploma in dental hygiene within four academic years. The development and recognition of such educational programs would serve to relieve the severe shortage of academically qualified teaching staff in schools of dental hygiene.

6. *Placement Services*

As programs grow in number of students and are in existence longer, the placement of graduates and other dental hygienists seeking employment, and assistance to the dental practitioner who wishes to employ a dental hygienist, become a time-consuming burden. It was agreed that schools of dental hygiene have no obligation to serve as placement agencies and that provincial dental hygiene organizations could provide such a service for their members.

7. *Provincial Dental Boards*

It was determined that only the provinces of British Columbia and Quebec currently require applicants for registration and licensure to practise dental hygiene to qualify by passing a written examination. No graduate of a Canadian school of dental hygiene was known to have

failed a written examination in either of the provinces mentioned. Registration and annual renewal fees were reviewed.

8. *Capping Exercises—Bands for Caps*

All schools hold a capping ceremony. In three schools, the ceremony is held at the beginning of the second year and in the fourth, it is held at the close of the pre-clinical period in the first year. It was agreed that the capping ceremony provided motivation for the students and served to develop a sense of pride in their chosen profession. It was agreed that the narrow lavender velvet band would be adopted by all schools to signify the graduate dental hygienist. Three of the four schools currently use the traditional band.

9. *Teaching Methods*

Time permitted only a very brief discussion of the use which two of the four schools are making of television as a means of presenting information on certain techniques (instrument sharpening and instrument placement were cited as two examples).

10. *Report of the Royal Commission on Health Services*

The conference participants were privileged to have Dr. R. A. Clappison, Chairman of the CDA Steering Committee, meet with them to outline the committee's responsibility in collecting and collating comments from various segments of the dental profession with regard to the Report of Royal Commission as it pertains to dentistry. On invitation, the following statement was prepared, signed by each of the directors and forwarded to Dr. Clappison.

"We deplore that the Report of the Royal Commission on Health Services has neglected to appreciate the fact that there is already a university educated, legally qualified auxiliary to the dental profession known as a dental hygienist. We are concerned by the lack of consideration of and recognition for the dental hygienist and the preventive, educational and therapeutic services which she now provides. It is our belief that any expansion of auxiliary services in dentistry should be accomplished within the three groups currently recognized by the Canadian Dental Association and not by the formation of a new group.

In order to provide more services for more people, we therefore recommend that all existing dental schools expand and/or institute facilities and all proposed schools make provision for the education of dental hygienists.

We strongly suggest that the Steering Committee solicit comments on the Report of the Royal Commission on Health Services from the Provincial Dental Hygienists Associations as well as the Canadian Dental Hygienists Association."

Recommendations

It was the consensus that the conference had been of inestimable value, not only to each participant, but to the continued development of dental hygiene education in Canada. The hope was expressed that this initial

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conference would become the first of annual conferences for directors of schools of dental hygiene.

The directors gratefully acknowledge the interest and support evidenced by the Canadian Dental Association in providing for the first conference on dental hygiene education. The success of the conference prompted the following:

It is *recommended* to the Council on Education that consideration be given to establishing an annual conference for directors of schools of dental hygiene, that said conference be sponsored by the Canadian Dental Association through the Council on Education, that the chairman for the conference be appointed from each of the schools of dental hygiene in turn, and that the chairman for the ensuing year be appointed at the close of the annual conference.

The conference participants also *recommended* that the Council on Education give favorable consideration to the proposed amendments to the "Minimum Requirements for the Approval of a School of Dental Hygiene" which appear in Appendix A.

Respectfully submitted,
Margaret Berry
Margery Forgay
Marjorie Jackson
Janet Burnham, Chairman

Appendix B

APTITUDE TESTS

Recommendations for Establishment of Dental Aptitude Tests For Canadian Dental Schools

Summary of Recommendations

1. It is recommended as a principle that the Canadian Dental Association utilise American Dental Association aptitude tests with modifications appropriate for use in Canada.
2. It is recommended that the areas of responsibility of the Canadian and American Dental Associations and the Canadian Dental Schools be essentially similar to that outlined in 1957, by the then Director of the Division of Educational Measurements. Modifications of a minor nature need to be negotiated as to costs and the amount of American service as to test marking, and printing, and representation for the Canadian Dental Association in the American organization.
3. It is recommended that about half time of a capable employee, in the Canadian Dental Association headquarters, be assigned to the administrative work, which will become necessary to the establishment of this service. If a number in the order of 800 to 1,000 applicants are tested annually, a revenue of four to five thousand dollars should cover expenses; hence, there should be little or no drain on the general Canadian Dental Association budget.

4. It is recommended that a standing sub-committee, of the Council on Education of the Canadian Dental Association, be established. This committee should be responsible for guiding and evaluating the aptitude testing program and for the development of testing programs in other areas.
5. It is recommended that arrangements be made for a member of the Aptitude Test Sub-committee to be appointed as C.D.A. representative on committee D (ie the Division of Educational Measurements) of the American Council on Dental Education.

Appendix C

NATIONAL CANCER INSTITUTE OF CANADA

This report relates by district or province some progress in the employment, by the dental profession in Canada, of the oral cytological smear technique for the early detection of cancer of the mouth. The Canadian Dental Association adopted on September 5, 1963, the following resolution:

"The Executive Council of the Canadian Dental Association endorses the use of the cytological smear technique for early detection of cancer of the mouth. This endorsement is based upon adequate scientific investigation which proves the efficiency and reliability of this method of diagnosis. It is recognized that an intensive educational campaign is necessary among members of the dental profession in order to secure utilization of the smear technique. In addition the provision of laboratory facilities will be necessary. In the furtherance of this programme in introducing the method to the dental profession the support of the National Cancer Institute of Canada is requested."

The Conference of Secretaries of the Canadian Dental Association plus representatives of schools of dentistry in Canada, at a meeting in Montreal on December 3, 1964, passed the following resolution:

"We, the representatives of the Canadian Dental Association, the secretaries of the provincial corporate members of the Canadian Dental Association and the representatives of the Faculties of Dentistry in the Canadian Universities, having met in conference and having reviewed the evidence relating to the application of oral exfoliative cytology in the early diagnosis of cancer of the mouth, are convinced that the method constitutes a most valuable contribution which the dental profession can make to the health of the community. We therefore recommend that steps be taken by the appropriate provincial organizations to implement an adequate educational programme and to make a cytological service available to dental practitioners."

Moved by:

Dr. George M. Dewis, Halifax, Nova Scotia.

Seconded:

Dr. Lyman E. Francis, McGill University, Montreal, Quebec.

Adopted Unanimously."

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Newfoundland:

No report.

Prince Edward Island:

Dr. G. D. Barrett, Secretary,

Dental Association of Prince Edward Island

"Provincial Pathologist agreed to screen smears providing the work load did not become too heavy. A dentist must first obtain a kit, then send it along; an effort (admittedly small) which discourages the use of the technique."

Nova Scotia and New Brunswick:

Dr. R. H. Bingham,

Dalhousie University

"We now have this division firmly established in the Dental School and are now offering a cytology service to the dentists in the area of the School, i.e. Halifax and surrounding district. We expect, after we feel our way with this coverage, to expand our service to the rest of the province."

Province de Québec:

Dr. Zdenek Mezl,

Université de Montréal

"I can speak only about our teaching activities: In our faculty we prepared a practical teaching program. Next year it will be a regular part of the program of the departments of diagnosis and oral pathology."

Ontario:

A grant supplied by the Ontario Cancer Treatment and Research Foundation in the amount of \$6,831.00 allowed the establishment of a free oral cytological smear service in Ontario beginning April 15, 1964. Features of the service will be described in the hope that the experience in Ontario will assist other provinces in which programmes are not yet established.

1. The kit sent free of charge to every dentist in Ontario.
Components of the kit are:
 - (a) A printed form embodying directions, history taking, and record form.
 - (b) One frosted-end microscopic slide.
 - (c) Container for slide.
 - (d) Wooden blade, scraper.
 - (e) Fixative.
 - (f) Mailing label.
 - (g) Mailing tube.
2. Training of a screener during six months and employment after completion of training.
3. Two weeks special training in cytology for Dr. H. A. Hunter, Associate Professor of Oral Pathology, Faculty of Dentistry, University of Toronto. Results to February 28th, 1965 (10 1/2 months) — 618 smears have been received.

0 — unsatisfactory smear	8%
1 — negative for malignant cells	63.4%
2 — atypical benign	23.4%
3 — suspicious possibly malignant	3.8%
4 — highly suggestive of malignancy	.7%
5 — positive for malignant cells	.9%

A total of 11 cases rating highly suggestive of malignancy or positive for malignant cells have been detected. Since totalling of the data at the end of February, two additional cases of malignancy have been detected.

Comment — The number of smears sent for examination from 2,464 dentists in Ontario is disappointingly small. We are informed, however, that slow adoption of this new diagnostic method has been common in respect to its use for detection of cancer in other parts of the body. It is of interest that the number of biopsies sent to the Department of Pathology, Faculty of Dentistry, University of Toronto has shown a significant increase during the past year.

Manitoba:

Dr. S. Borden,
Winnipeg Dental Society

"To date nothing concrete has been achieved with regard to this program."

Additional meetings have been arranged for promotion of the programme.

Saskatchewan:

Dr. F. S. Green,
College of Dental Surgeons of Saskatchewan

"To summarize the situation, the Cancer Commission made the following statement to us: "Cancer of the oral cavity is easily detected and there are, in the opinion of the Saskatchewan Cancer Commission, adequate pathological service to deal with the problem on an individual basis."

It is proposed that a future joint meeting of representatives of the Cancer Society, pathologists, cytologists and dentists of Saskatchewan be organized."

Alberta:

Dr. Geo. E. Decker, Alberta Dental Association
Dr. K. A. McMurchy, University of Alberta

"In Alberta we have been using Oral Exfoliative Cytology since Jan. 1964. We were very fortunate in obtaining the cooperation of Dr. Kasper, Head of the Cytology Division of the Provincial Lab. who agreed to stain and read the slides for us in his department.

In its first year of operation we have had 78 cases. Of these 75% of them have been negative, 22% atypical, 3% suspicious and 0% positive. Biopsies done on some of these cases have revealed no cancer. About 25 dentists have requested forms in the first year. Not many

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dentists are using the service and consequently it has not proved to be a burden for an established cytology laboratory to report on the few slides involved. Failure to provide a kit may have been an obstacle." There has also been considerable educational activity directed toward the dental profession and the public. An excellent record and report form has been developed.

British Columbia:

Dr. W. Ross Upton,
British Columbia Dental Association

"At a meeting in the Fall of 1964, representatives of the B. C. Dental Association, the B. C. Cancer Institute, the Faculty of Dentistry of the University of British Columbia and the B. C. Health Branch agreed that the value of an oral cytological service had been adequately demonstrated in other centers and could be confidently expected to increase the rate of detection of cancerous lesions of the oral cavity.

However, at that time, such a service could not be introduced because of an acute lack of space within the B. C. Cancer Institute. An extension to the Institute is now under construction and will perhaps be completed in the summer or early Fall of 1965."

Department of National Defence:

Brig. K. M. Baird,
Director General of Dental Services
for the Canadian Forces.

"The cytological smear technique for the early detection of oral cancer was adopted by the RCDC in June 1964. Individual kits, comparable to those used by the Ontario Dental Association, were distributed to all RCDC clinics in Canada and abroad.

The total of the Quarterly Reports of this programme as of December 31, 1964 is as follows:

Number of smears made	23
Negative for malignant cells	23*

*One smear was reported as highly suggestive of malignancy with several dyskeratotic cells. The biopsy report found the area atypical enough to suggest a repeat biopsy in six months."

In addition to the above, an educational booklet concerning the oral cytological smear technique was prepared and a copy was mailed to every dentist in Canada and every Third and Fourth Year dental student. This booklet has led to favourably large orders which have been received from at least two cancer organizations in the United States. The printing of this booklet, copy attached, was supported by a grant from the National Cancer Institute of Canada.

Summary:

1. In Canada, provision of services for the use of the cytological smear technique for early detection of cancer of the mouth has been disappointingly slow and inadequate.

2. Continuing and determined efforts by the dental profession are necessary to provide this important diagnostic service for all the population of Canada.
3. Provincial cancer societies should provide grants for provision of a free oral cytology smear program.
4. The dental profession, at both the undergraduate and graduate level, requires continuing education concerning the cytological smear technique.

Respectfully submitted,
C. H. M. Williams, D.D.S.

Appendix D

MICHIGAN SUMMER STUDENT EMPLOYMENT PROGRAM

The report of the President to the Board of Governors of the Canadian Dental Association meeting in Toronto in 1963 contains (Trans: 1963, p. 139: 26, 27, 28) the following proposal: “. . . I would recommend that a study be made to ascertain the possibility of implementing a program of this nature in Canada”.

The reference is to a program whereby dental students and student hygienists have been employed during the summer holidays in the State of Michigan to perform dental public services including topical fluoride treatments in selected communities.

The President's recommendation was referred to the Council on Public Health, the Corporate Members and the Council on Education.

Dr. Gullett wrote to Dr. C. V. Tossy of the Michigan Department of Health, Dental Division; and received in May, 1964 detailed information concerning the project.

The program was started in 1948 facing three principal initial problems; the acquisition of equipment to allow for continuing projects, the achieving of financial support and the recruitment of professional personnel. These problems were met through the loan or donation of equipment from the Departments of Health and civic organizations, placing the services offered in the program on a self supporting basis by charges against those parents able to pay; and, originally, by employing recent graduates from dental schools, part-time dentists, retired dentists and hygienists and hygienists in practice. Later, in 1951, the Michigan State Board of Dentistry broadened their dental practice Act to allow dental students in their Junior year to participate in the program.

The project began with the employment of one dental student providing topical fluoride treatments to the children of Michigan State College students living in a trailer village in East Lansing. The experiment was successful so that the following year two students were employed in a program which saw 900 children treated. The summer of 1951 saw 16 students employed (including 9 dental hygiene students) and 6,000 children were treated. The following figures will indicate the extent to which the program had expanded by 1962.

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Between 1958 and 1962, 59 to 64 students have been employed annually treating from 37,000 to 47,384 children in between 180 and 190 communities within the State of Michigan.

Services offered are essentially restricted to topical fluoride applications. Each child is seen four times at from one to seven day intervals.

A considerable amount of the material received from Dr. Tossy refers to the technique of setting up a treatment center in a community which has requested it, the degree and level of cooperation required between the state and local public health agencies, equipment requirements for an effective center, personnel, means of propagandizing the project in the community and so on. This information is of more interest to the Council on Public Health and the Corporate Members' consideration than it is to this Council.

The presumption to be drawn, however, is that a broad and effective program in an important dental public health area has been evolved and is being implemented in the State of Michigan to the significant benefit of the population of that State.

It should now be the responsibility of Council to determine if it wishes to recommend to the Canadian schools of dentistry that they encourage their Junior students to seek employment, during the summer holidays, in similar Canadian projects if the Council on Public Health, the Corporate Members; and, the Provincial and Federal Departments of Health should endorse and implement such schemes in this country.

Respectfully submitted,
James McCutcheon.

Appendix E

NATIONAL RECRUITMENT COMMITTEE

1. The National Recruitment Committee met at headquarters March 1, 1965. Unfortunately the chairman and one member were unable to attend; so the meeting was conducted by the chairman of the Council on Education.
2. Reports of recruitment activities were received from the five geographic regions represented by committee members. Intensity of recruitment interest and efforts ranges from highly organized and effective to virtual lack of activity. It must be admitted that the degree of interest in recruitment activities appears to be lower now than a few years ago. This may be the result of the increased number of applicants to dentistry. It must be remembered, however, that the greater number of applicants has resulted in the opportunity to select a higher proportion of students with strong academic records. In addition, two new dental schools soon will be able to accept students.
3. The committee continues to be pleased with the number of requests for career information resulting from the dentistry page it sponsors in the annual careers issue of Canadian High News. From about 400 in 1963, the total rose to over 600 requests in 1964. Most of the students seeking information are in the final two years of high school. The

committee also sponsored a half-page in *Vie Etudiante*, a French language high school publication.

4. The film "Challenge of Dentistry" played to more people in small groups but to a smaller estimated television audience in 1964 than in 1963. The film was seen by almost 8,000 people at group showings compared with 3,500 a year earlier, and to 233,000 via television, almost 100,000 fewer than in 1963. (TV showings can be expected to decline in number since stations prefer not to repeat the same film too often.)
5. Progress reports were received concerning several matters of continuing interest to the committee. A further report concerning factors to examine in selecting a dental practice location is now available. The filmstrip project is nearing completion. The recruitment guide or manual for local dental societies is still to be prepared. The "Recruitment Reporter" failed to be published because of the higher priority of other responsibilities of the committee's secretary. Recruitment information kits continue to be supplied to dentists seeking help in giving career talks to students.
6. The committee adopted the following resolution as a recommendation to Council, with a view to strengthening the effectiveness of recruitment efforts across the country:

That the National Recruitment Committee be augmented to include a representative from each of the ten provinces, and that the complete committee meet once every two years, with a meeting of a small executive group being held each alternate year.

Present membership of the committee is G. T. Mitton, Toronto, chairman, retiring 1967; R. G. Ellis, Toronto 1966; J. A. Michaelson, Vancouver, 1966; D. C. Steeves, Moncton, 1967; G. Ratté, Quebec, 1965.
7. The committee adopted a budget request of \$4,500 for 1966. (This is detailed with Council's budget.)
8. Council is asked to accept the sincere regret of the chairman at his inability, because of illness, to attend the committee meeting and this Council meeting.

Appendix F

Memorandum to the Council on Education — Canadian Dental Association about the recommendations of the Royal Commission of Inquiry on Education in the Province of Quebec and their effect on the Dental Education in this Province.

The objectives aimed at in the present document are to draw the attention of the Council on Education on some of the recommendations arising from the most comprehensive inquiry in the matter of education at all levels in the Province of Quebec.

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In their proposals to structurize an educational system which would be in line with the best standards, the commissioners were respectful of previous experience, existing traditions, sound logics and rapid progress. Still, some of their recommendations are not considerate of the realities with which dental educators are coping nowadays.

If these recommendations were implemented, some landmarks of educational recognition in Dentistry would be hustled, such as,

- 1 — the predental training established at a minimum of two years of College Education.
- 2 — the present four year dental curriculum more or less compatible with the three year Bachelor's or "License" curriculum.
- 3 — the granting of a Doctorate's degree at the end of the four year dental curriculum.

The Commission makes a strong point that there should be no other way to get admission to university than the 13th grade and that no *pre professional year* be offered in any university or faculty (cf no. 321, p. 208, Eng. Edit.)

The Commission clearly states that a Bachelor's degree must be successfully earned in three years. Additional training must lead subsequently to a Master's degree in a year or two, and finally to a Doctorate's degree after a minimum of three years following the first degree. (cf no. 319, p. 207)

The Commission did not make any statement with respect to the professional doctorates. However, it did not seem willing to particularly care about these special cases. If problems are arising because of them it would rather leave the matter to the Minister of Education in consultation with the appropriate institutions. (cf. no. 318 p. 206, 2nd half of the paragraph)

At this point, it is suggested to have an eye opened on the progress which will take place in connection with these recommendations. Legislative actions are expected within a short time during the present session and during the 1966 session. This subject should again be reviewed next year and any information pertaining thereto be reported to this Council.

Appendix G

1966 BUDGET REQUEST

	Council on Education Recruitment	Council	Total
Meetings	\$ 750	\$2,000	\$ 2,750
Publications	1,800	200	2,000
Films	250		250
Film distribution	700		700
Filmstrip	1,000		1,000
Travel		300	300
Consultant		1,000	1,000
Survey		3,000	3,000
	4,500	6,500	11,500

COMMENT AND ACTION

1. Information.
2. Information. We concur with the expressions of appreciation directed toward Dr. Cooke for his many years of service on the Council on Education. We approve the appointment of Dr. R. V. Blackmore to the Council on Education.
3. Noted with satisfaction.
4. Information. Mrs. Brown is to be commended for this excellent report.
5. Noted.
6. Information.
7. Approved with enthusiasm and we present the following resolution:
Whereas the regulations of the National Dental Examining Board of Canada correctly permit senior dental students of approved dental schools to write the national examinations, and
Whereas there is a broad variance among the dental schools in the sequence of the announcement of the names of those senior dental students who have satisfied the academic requirements of their respective universities which announcement, on occasion, could be made subsequent to the release of the N.D.E.B. results, therefore be it resolved
That the National Dental Examining Board of Canada be encouraged to amend its regulations to permit the withholding of a candidate's results until he has been recommended for graduation from his dental school.

ADOPTED

- 8-9. Approved.
10. Information.
11. Information. Appendix A received as information.
12. Information. In view of the desirability of encouraging cohesion of the organizations of dental auxiliaries and adhesion of these groups to the dental profession, the Council on Education and Auxiliary Services Committee are to be commended for having organized and promoted these conferences.
13. Noted.
14. Agreed.
15. Noted.
16. We approve and present the following resolution:
Whereas it has been adequately demonstrated that an aptitude testing program in respect of prospective dental students has great merit, therefore be it resolved
That the Council on Education be requested to institute, at the earliest convenient time, an aptitude testing program based on the recommendations of Appendix B to the report of the Council on Education.

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17. Information.
18. Noted with commendation. Appendix C received as information.
19. Noted. Appendix D received as information.
20. Approved. Appendix E received as information.
- 21-26. Information. Appendix F received as information.
We recommend the adoption of the report of the Council on Education.

APPROVED

Resolution from the floor:

That the CDA immediately convey to Dr. G. Edward Hall, President of the University of Western Ontario, its congratulations and best wishes on the establishment of a Faculty of Dentistry.

ADOPTED

MEMBERS: *J. P. McGuigan, Chairman, Halifax; H. N. Beach, Ottawa; R. J. McCarten, Winnipeg; E. F. Dexter, Halifax; L. I. Duffy, Charlotte-town.*

REPORT

1. Most questions referred to the Council this year were inquiries on interpretation and were dispensed with satisfactorily in consultation with the party or parties concerned.
2. All provincial organizations were written early last fall, asking if they had any problems of major interest, which they would like discussed, either through the Council, or in consultation with a representative of their Association. The response to this questionnaire indicated no major problems, and many expressed satisfaction with our Code.
3. Paragraph 9, clause III in last year's report was referred back to the Council for reconsideration. Your Council felt this was sufficiently broad to cover this specific area, and did not need any enlargement.
4. The advertising of "denture clinics" in British Columbia with a stated and fixed fee for service, has given your Council some concern. As your Council was not too well informed on this matter, it was felt if a statement from this Council was required, this could be much better done after consultation with representatives from British Columbia.
5. The budget allotted to this Council last year was not used.
6. We do not anticipate any expenses during the coming year and therefore no budget is presented.

COMMENT AND ACTION

- 1-2. Information.
3. Concur.
4. It is recommended that the chairman of the Council on Ethics obtain all necessary information on this subject; that the chairman of the Council on Ethics meet with the Secretaries during the Secretaries' Conference, and that a policy statement on this matter be presented by the Council on Ethics at the next Board of Governors' meeting.
5. Information.
6. Recommend that the required expenses of the Chairman of the Council on Ethics be paid to attend the Secretaries' Conference.
We recommend the adoption of the report of the Council on Ethics.

APPROVED

MEMBERS: *R. Langlois, Quebec; J. Zimmerman, Calgary; P. S. Christie, Halifax; J. P. Coupland, Ottawa; W. J. Riley, Winnipeg; W. P. Munsie, Vancouver; J. M. Chamard, Montreal.*

REPORT

1. During the past year the Executive Council has held three regular meetings: on June 28, 1964 after the Board meeting, February 15-18, 1965, and May 24-25, 1965, prior to this Board meeting.

Annual Meetings

2. 1964

Sincere congratulations were expressed to the 1964 convention committee for the outstanding success of the Edmonton meeting. Its financial success is evidenced by receipt of \$6,237, which is the association's fifty per cent share of profit. In addition, the grant of \$500 authorized to support the annual meeting of the Canadian Dental Hygienists Association was returned.

3. 1965

(a) Dr. Louis Bernier, chairman of the 1965 convention committee, met with Council in February for a complete report which was approved with pleasure.

(b) Chairmen of reference committees for this Board meeting were appointed and the agenda recommended for adoption. Council approved the suggestion that advance copies of the agenda and reports be made available upon request, as long as the limited supply lasts.

(c) Dr. George M. Dewis was appointed installing officer for the Association's annual luncheon meeting May 31.

(d) Dr. Paul Geoffrion has been nominated to receive honorary membership in the association.

(e) Council instructed that the American Dental Association, the British Dental Association, and the Fédération Dentaire Nationale Française be issued invitations to send official representatives to this annual meeting.

(f) Arrangements for the panel discussion during the convention program were incomplete in February; so the President and convention chairman were delegated to complete the details, which are contained in the convention committee report.

4. 1966

A preliminary report was received from the chairman of the 1966 convention committee. Preparations were found to be well advanced for this meeting to be held June 8-15.

5. 1967

Dean Roy G. Ellis of Toronto was confirmed as chairman of the 1967 convention committee. Council approved a grant not to exceed \$6,000 to be made available to the 1967 national centenary convention committee if as and when requested for special purposes.

6. 1969

Dr. Roger Charette of Montreal was confirmed as chairman of the 1969 convention committee.

7. *Conventions Subcommittee*

The subcommittee appointed in 1964 reported in detail in February. Council adopted the report and recommends its favourable consideration by the Board. (See Appendix A.) Council appointed a continuing subcommittee of J. P. Coupland and J. D. Purves to carry this work to completion.

8. *C.D.A. Sections*

It has been the custom recently to invite representatives of the four sections to the Executive Council meeting immediately following Board meetings. Council recommended that this practice be referred to the conventions subcommittee and that the sections be advised that their representatives will be welcome to bring matters to the attention of Council at any time and that no specific invitation is being issued this year.

9. *F.D.I.*

(a) A report of the annual session of the Fédération Dentaire Internationale at San Francisco appears as Appendix B.

(b) While he was Secretary, Don W. Gullett was elected a vice-president of the F.D.I., for a term ending with the 1965 meeting at Vienna. The Executive Council selected Dr. Gullett as a delegate of the association to the 1965 meeting. As part of the trip overseas, he will also represent the association at the annual meeting of the British Dental Association. As delegates to the F.D.I. at their own expense, the President has named Dr. G. Ratté and Dr. J. Zimmerman.

(c) Council named Secretary W. G. McIntosh to succeed Dr. Gullett as national treasurer for Canada of the F.D.I.

10. *Royal Commission on Health Services*

Following the direction of the Board, Council appointed a steering committee to study the report of the Royal Commission on Health Services. (See Transactions 1964:81.) Dr. R. A. Clappison, who is chairman of the Dental Services Committee, was named chairman, with Dr. P. G. Anderson and Dr. W. J. Dunn as committee members. Dr. Dunn resigned in December and was replaced by Dr. E. R. Bilkey. This committee collected opinions from Board members, corporate members, councils, committees, sections, other steering committees, and individuals. A draft statement was approved by the Executive Council in February and re-circulated across the country for further amendment. After collating these latest suggestions, the steering committee supplied Council with a fifth draft statement which has been approved by Council for submission to the Board. A copy of this latest draft was supplied to the Department of National Health and Welfare clearly indicating that it did not yet carry approval of the Board of Governors. This latter step was taken at the suggestion of an official of that department, in order to have a preliminary dental opinion available in the early planning stages for the forthcoming dominion-provincial health conference. The Ex-

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Executive Council recommends that the statement be approved by this Board. (See Appendix C.)

CDA Insurance Plans

11. By mail vote of September 23, 1964, Council adopted the following resolution:

That the Canadian Dental Association agrees to support CDA pension and insurance plans as administered by Professional and Industrial Pensions Limited, with Mr. J. T. Staddon as administrator, for a further period of five years from the date of this motion.

12. The thirteenth annual report of the administrator of CDA-approved plans was received.

13. (a) Council received a report of the second meeting (January 11-12, 1965) of its special advisory committee on commercial insurance studies. Major consideration of the committee was given to a special report from the Royal College of Dental Surgeons of Ontario. The committee regretted being unable to reconcile opposing insurance principles of the RCDS and the CDA. After hearing reports of the administration of insurance plans sponsored by several professional organizations, the committee was unable to reach a conclusion whether to vote on the issue of preference for an administrative agency being within or outside a dental organization.

(b) Dr. M. V. J. Keenan, who has been chairman pro-tem of the insurance committee, suggested that a chairman be elected by the committee. Dr. D. C. Way of London was elected chairman and his acceptance was provisional on the Executive Council re-establishing the committee with more explicit terms of reference. Council has appointed a subcommittee to deal with this matter.

14. *Dentists' Legal Protective Association*

The following resolution was received from the 1964 Secretaries' Conference, supported later by the insurance committee:

Whereas it would appear to be desirable to have created on a national basis in Canada an autonomous facility for the protection of dentists in their professional capacity, therefore be it

Resolved that the Executive Council of the Canadian Dental Association be respectfully requested to initiate whatever study is required from which may accrue a recommendation in respect of the establishment of a national mechanism for the protection of dentists in their professional capacity.

Council appointed a subcommittee to study this question and to enter discussions with the Canadian Medical Protective Association.

15. *Projection of Dental Services*

The policy statement of 1960 was reviewed to determine progress toward its goals. (See Appendix D.)

16. *Yukon Dental Association*

A request was received from the Yukon Dental Association for corporate membership or comparable status within the Canadian Dental Association.

ciation. Individual members were offered associate membership and the Council on Constitution and By-laws was asked to consider the problem of dental groups whose geographic circumstances prevent acceptance of such groups within the association's present by-laws.

17. *Canadian Conference on Aging*

Council accepted an invitation to send a delegate to the Canadian Conference on Aging next January in Toronto.

18. *Council on Legislation*

Council appointed a subcommittee to study possible activities of the Council on Legislation, including the subject of a legal bureau at headquarters. The subcommittee's report was adopted at the February meeting. (See Constitution and By-laws report.)

Public Health

19. With regard to the proposed survey of public health dentistry (Transactions 1964:152), Council approved the application of the University of British Columbia for a federal health grant in support of such a survey. Dr. H. K. Brown is to be director of the survey assisted by a committee of D. J. Yeo of Vancouver and K. F. Pownall of Toronto. The survey is to be a project of the University of British Columbia with the co-operation of the Canadian Dental Association.

20. Concerning salaries and administration of government dental departments (Transactions 1964:152), Council approved a communication which can be directed to appropriate federal and provincial officials. The communication has been sent to some departments at the request of appropriate dental officials.

21. A letter in support of a separate national dental health grant (Transactions 1964:153) was sent to the Minister of National Health and Welfare and acknowledged by her without commitment.

22. *Royal College of Dentists*

Council was pleased to learn of the passage of federal legislation establishing the Royal College of Dentists of Canada. (See Specialists and Specialization report.) To the provisional council of the college, Council appointed Dr. P. J. Gitnick of Montreal to replace the late Dr. G. Plant, and Dr. D. S. Moore of Hamilton as an alternate to replace W. G. McIntosh. The provisional council is required to meet within six months of the passage of legislation and plans are being made to hold the meeting at headquarters in September.

23. *Expo '67*

Liaison continues between headquarters of the association and the World's Fair. In addition, Dr. R. F. Harvey of Montreal has been asked to provide local liaison with Fair officials concerning dental participation.

24. *Emergency Health Services*

Secretary McIntosh was appointed representative to the Emergency Health Services Advisory Committee of the Department of National Health and Welfare.

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25. *Medical Services Insurance*

A subcommittee was appointed to act upon the resolution on page 121 of 1964 Transactions. Progress to date includes discussions with representatives of the Canadian Health Insurance Association, Trans-Canada Medical Plans, and the Canadian Medical Association. The position of the Canadian Dental Association has been explained also in writing to these organizations but no further progress has resulted yet. Also, a list of dental services which might legally be performed by a dentist or physician is being developed.

26. *Journal*

Council devoted considerable time to problems concerning French-language portions of the Journal, which are reported to this meeting by the Council on Journalism. Secretary McIntosh was appointed Managing Director of the Journal.

27. *Health League of Canada*

Dr. K. J. Paynter of Toronto was appointed to the medical advisory board of the league.

28. *History of Canadian Dentistry*

Council was pleased to learn that Dr. Gullett has begun collecting material for the proposed history and provided requested direction concerning expenditures.

29. *Canadian Academy of Restorative Dentistry*

Council was informed of the formation, at Edmonton on June 28, 1964, of the Canadian Academy of Restorative Dentistry. This group apparently does not seek specialty recognition but may eventually apply to become a section of the Canadian Dental Association.

SUPPLEMENTARY REPORT

The following items arise from the Executive Council meeting in Quebec May 24-25.

30. *Canadian Academy of Prosthodontics*

After careful consideration of a fully-documented application, in cooperation with the Specialists and Specialization Committee chairman, Council recommends to the Board that the Canadian Academy of Prosthodontics be recognized as a section of the Canadian Dental Association. By-laws of the academy appear as appendix E of this report. (Information concerning specialty recognition is contained in the report of the Specialists and Specialization Committee.)

31. *War Memorial Awards*

Your Council requested the Council on Education to study the desirability of assuming the duties of the War Memorial Awards Committee. This action was taken in view of a lack of increased participation in the annual essay competition despite greater enrolment in dental schools. After the Council on Education indicated its willingness to assume these respon-

sibilities if requested to do so, the Executive Council adopted the following resolution which is recommended to the Board:

That the by-laws be amended to the effect that the War Memorial Awards Committee be dissolved as of the 1966 Annual Meeting, and That its responsibilities be transferred to the Council on Education on the basis of terms of reference to be recommended by the Council on Education and subject to approval of the Board of Governors.

ADOPTED

Journal

32. Further to item 26 of this report, Council has now considered detailed proposals concerning the French content of the Journal. Council is in agreement with the proposals of the Council on Journalism and has appointed Dr. Georges Pelletier of Montreal as French associate editor.

33. He is to be responsible for preparation and editing of the French-language material, including the recruitment of French professional papers, establishment of their worthiness for publication, furnishing French editorials, translation of English-language material into French, and necessary measures to ensure correctness of French-language usage, grammar and spelling.

34. The Editor located in Toronto controls production and admission to the Journal of all French text and related illustrative and tabular matter. He also selects the French material to be published in specific Journal issues. He will require a half-time bilingual secretary.

35. The French associate editor is to be provided with a part-time bilingual secretary in Montreal. He is to be provided also with an annual honorarium, petty cash and travel expenses for himself and his secretary to visit the Editor in Toronto. (See also report of Council on Journalism.)

Federal Government Committees

36. Council has been pleased to learn of the formation of two new committees at the federal government level. The Advisory Committee on Oral and Dental Health is to assist and advise the Minister of National Health and Welfare. Chairman is the Chief of the Division of Dental Health of the Department of National Health and Welfare. Eighteen other persons, including the ten provincial dental directors, will complete the membership.

37. All funds for support of research under federal grants are now included in the Public Health Research Grant. A Research Subcommittee on Dentistry has been formed to provide a more comprehensive look at the needs of public health dental research and to review and assess applications for grants. This subcommittee reports to the Public Health Research Advisory Committee of the Dominion Council of Health. An ad hoc subcommittee was set up for this year but it is expected that a more permanent group will be established in 1965.

Appendix A

C.D.A. ANNUAL MEETINGS

The by-laws of the Association provide the Executive Council with authority over annual meetings. Article 6, section 9 (c), under duties of the Executive Council, reads as follows:

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To determine the date and place for convening each Annual Meeting and to control all clinics and exhibits. The Council may appoint local committees of arrangement to be at all times under the control of the Council.

In February 1964 the President appointed a committee of J. P. Coupland (chairman), J. D. Purves, W. G. McIntosh, with K. L. Croft as secretary, "to review Article 6. section 9 (c) of the Association's by-laws with a view to implementation in the light of changing circumstances".

Every aspect of Annual Meetings, including Board of Governors' meeting and convention, came within the committee's terms of reference. Annual meetings from 1955 to 1964 were reviewed according to geographic location, host organization, date, registration and finances.

Location

Rather than expect members from all across Canada to attend each annual meeting, the Association has attempted to keep its meetings within reach of dentists in various parts of the country by locating in many different cities. The growth in attendance at recent meetings has resulted in fewer cities qualifying, on the basis of available accommodation, as convention sites. In 1962, the Board of Governors adopted a resolution that locations be determined on a regional rather than provincial basis, and designated five regions: Atlantic Provinces, Quebec, Ontario, Prairie Provinces, and British Columbia. Invitations from prospective host organizations are to be accepted on this regional basis.

This committee recommends continuation of the principle of selecting annual meeting locations on a regional basis.

While the greater attendance of members and exhibitors at meetings held in the larger cities is impressive, and although the disadvantages which accompany the less adequate facilities in smaller cities are acknowledged, the suggestion that the Association should meet only in two or three larger cities is rejected. The committee strongly holds the opinion that the interest of dentists in regional organizations, which is generated by hosting the national meeting, significantly outweighs objections to having relatively small groups host national meetings.

For the guidance of host organizations, this committee recommends establishment of minimum requirements upon which acceptance of an invitation to hold a national meeting would be conditional.

(A start on such requirements has been made.)

Date

Generally the Association has conformed to the date selected by the host organization, the date that organization would customarily hold its own meeting. This has resulted in national meetings being held any time from May until October. Some presidents have thus served terms of only eight months while others have served fifteen months. Such irregular intervals between annual meetings have created administrative and other problems of considerable proportions.

This committee recommends that annual meetings of the Canadian

Dental Association be held within the period of May 15 to July 1, the exact dates being subject to confirmation by the Executive Council.

Board of Governors' Meeting

Ever since 1945 the Board of Governors has met during the four days immediately preceding the convention and at the same location. With guidance from CDA headquarters, the local convention committee has made the necessary arrangements. This procedure has proved generally satisfactory and should be continued, with improved liaison between the convention committee and headquarters.

This committee recommends that each CDA convention chairman assign to one person the responsibility for the Board of Governors' meeting, to work in co-operation with the appointed headquarters official.

Over the years, convention committees have expressed disappointment that some delegates to the Board meeting have not registered for the ensuing convention. It is suggested that some experimentation with new timetables of Board meetings, possibly including an overlap with convention events, is desirable in attempting to provide a solution to this problem. It is hoped that resulting changes would increase the feasibility of a greater number of members attending the Board meetings.

This committee recommends that a revised timetable of annual meeting events be employed at least on an experimental basis and beginning as soon as feasible.

A proposal for a revised timetable is appended. This timetable reduces the Board meeting from four days to three. Means of accomplishing the business of the Board in less time are suggested in another appendix.

Convention

Problems reported formally by convention chairmen and elicited by informal discussions have led to the following recommendation:

This committee recommends that the Deputy Secretary be responsible for co-ordinating all aspects of the Association's annual meetings, his duties to include:

- (a) To supervise arrangements for the Board of Governors' meeting;
- (b) To advise the convention committee on arrangements for entertaining delegates to the Board of Governors' meeting and their wives;
- (c) To cooperate with the convention committee regarding publicity;
- (d) To convey requests of the Executive Council concerning content of the convention program;
- (e) To be responsible for solicitation, assignment of space, and registration of commercial exhibitors;
- (f) To be responsible for solicitation of advertising and for production of the printed program in co-operation with the convention committee;
- (g) To assist the convention committee in co-ordinating arrangements for meetings of affiliated groups;
- (h) To assist the convention committee in the vital local responsibilities as hosts of the annual meeting;

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- (i) To arrange personal visits to the convention site and with the convention committee or its representatives prior to the annual meeting in order to be better able to perform the duties assigned hereby.

Finances

Ever since the first meeting following the reorganization in 1945, the CDA has assumed responsibility for expenses of the Board of Governors' meeting. For conventions, with only an occasional exception, the CDA and the host organization have shared the profit (or loss) on a 50-50 basis. It is interesting that on only one occasion was a deficit experienced. This is a commendable reflection of the competence of successive convention committees. Another interpretation of recurring surpluses is that in many instances the host organization had insufficient reserves to meet any sizeable deficit, and budgeting for a surplus was mandatory.

This committee recommends that financial responsibility for conventions continue to be shared equally by the Canadian Dental Association and the host organization.

The generous financial support that recent convention committees have received from commercial firms has been noted with both gratitude and concern.

This committee recommends that the Executive Council establish a policy regarding financial contributions from commercial firms to CDA annual meetings.

Advisory Committee

This committee recommends that a continuing advisory subcommittee on annual meetings be appointed to apprise the Executive Council of pertinent developments in connection with annual meetings and that the committee consist of two members.

J. P. Coupland, Chairman
J. D. Purves
W. G. McIntosh

February 1964.

Appendix A1

Revised Annual Meeting Timetable

9	a.m.	Friday (preceding Board meeting) — Executive Council
9	a.m.	Saturday — Executive Council
9	a.m.	Monday — Board of Governors—1st session
10.30	a.m.	Monday — Reference Committees
2	p.m.	Monday — Reference Committees
8	p.m.	Monday — Reference Committees
9	a.m.	Tuesday — Reference Committees
2	p.m.	Tuesday — Board of Governors—2nd session
9	a.m.	Wednesday — Board of Governors—3rd session
2	p.m.	Wednesday — Board of Governors—final session
9	a.m.	Thursday — Convention opening exercises
		CDA business meeting (this could continue as luncheon function)
		— scientific sessions and exhibits

9	a.m.	Friday	— convention
9	a.m.	Saturday	— convention
7	p.m.	Saturday	— Presidents' Ball

Appendix A2

Conduct of the Board of Governors' Annual Meeting

1. Reports of Councils, Committees, and Sections should be mailed out in advance to members of the Board of Governors, Chairmen of Councils, Committees, and Sections, Secretaries of Corporate Members and to any others indicating in advance a desire to attend the business meeting.
2. Members of the Board of Governors should be provided with coloured cards which they will display on the call to vote.
3. Reference committee chairmen to be assigned by the Executive Council as at present.
4. Chairmen of Councils, Committees, and Sections to be encouraged to include in their annual report resolutions for each action they recommend. (If no resolutions are included, it is likely that both the reference committee and the Board of Governors will pass the report as 'information only'.)
5. The reference committee chairmen should be instructed to review the assigned reports before the reference committee meets and select points for (a) deletion; (b) amendment; (c) action, as well as considering any resolutions contained in the original report. For example, at the reference committee meeting, the chairmen could take up one paragraph at a time by simply asking if any action should be taken on paragraph x, and be prepared himself to suggest such action if he thinks it necessary. The action should be to delete; to amend; or to develop a new resolution for action which arises out of the content of paragraph x. No comments such as 'agreed'; 'commend'; etc. should be made, except that if no action is necessary, a general statement commending the original committee for its year's work, and stating that the report was for information only, might be included. If no action is indicated in regard to paragraph x, the committee should proceed immediately to the consideration of the next item.
6. The original committee reports should not be read at the Board of Governors' meeting, with the exception of the President's Report. All reports should be assigned to reference committees, as presently practised.
7. When a reference committee brings in its report to the Board of Governors session, the report should just contain motions to delete or amend specific sections of the original report and resolution for action arising out of the content of the report when either or both are applicable. If no action is required, the reference committee report should simply state that the original report was information and no action is required.

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8. The original reports, would, of course be published in the Transactions as is now done. They would be immediately followed by the report of the reference committee, along with the appropriate word, such as 'approved' or 'defeated', etc., depending on the final action of the Board of Governors.
9. The secretary of the Association should not submit a separate report. Ideas that he might like to introduce should be done through the report of Executive Council. This recommendation is not contrary to our present by-laws.
10. Dispense with reading necrology report. Suitable comments and minute's silence still to be observed.
11. It is suggested that recommendation 9, if approved by the Executive Council, be put into effect at the annual meeting in Quebec City.
12. Reasons for suggesting the above changes:
 - (a) too little time is now spent on important issues.
 - (b) too much time is spent on unimportant issues.
 - (c) long sessions on relatively unimportant points reduce efficiency.

Appendix B

FEDERATION DENTAIRE INTERNATIONALE

The 52nd Annual Session of the Federation Dentaire Internationale was held in San Francisco, November 7-14, 1964. The meeting was a joint meeting with the Annual Meeting of the American Dental Association. The total registration was over 23,000, with over 800 of this number from foreign countries. Two chartered flights were run directly from Europe. Dentists from 50 foreign countries were registered.

The offices of president and president-elect are two year terms and consequently Dr. Erich Muller (Germany) and Dr. Knut Gard (Norway) continue as president and president-elect until the next annual meeting at Vienna (26 June-3 July, 1965). Dr. Gullett (Canada) having completed two three year terms on the Council was replaced by Professor A. Scheinin (Finland). Dr. Gullett was elected as a vice-president.

Some of the highlights of the meeting follow:

1. A history of the F.D.I. is nearing completion and it is expected to be ready for publication by the time of the next annual meeting.
2. Decision was made to seek a seat on the Council of International Organization of Medical Services.
3. The number of F.D.I. Supporting Members is now 5524.
4. The Dental Association of Southern Rhodesia was admitted to full membership and the Colegio de Odontologos de Venezuela was granted corresponding membership.
5. The Commission on Armed Forces Dental Services is publishing a reference booklet on military dentistry which will be available in a few months.

6. The Commission on Dental Research has produced a European Research Directory which is financially supported by the U. S. Office of Naval Research in London.
7. In recognition of the increasing importance of forensic dentistry, a handbook on the subject is in preparation with expectation of completion in another year.
8. A dental lexicon is nearing completion in four languages and will be ready for printing in a few months. This has been a tremendous effort over several years and made possible by a grant from the United States Public Health Service.
9. The Commission on Oral and Dental Statistics (of which Dr. R. M. Grainger of Canada is a member) reported agreement with the World Health Organization respecting the classification of oral diseases and conditions in the Organization's International Classification of Diseases. A manual is being prepared by WHO in collaboration with F.D.I. using the terminology used in the Federation's dental lexicon. (see item 8 above.)
10. Progress is being made in the adoption of specifications for dental materials on an international basis. Two additional specifications were adopted as presented by the Commission on the Standardization of Dental Materials. (The Canadian Dental Association recognizes the international specifications.)
11. Application by 12 European member associations for the establishment of a European Regional Organization of the F.D.I. was approved. A trend within F.D.I. for the establishment of regional organizations with geographical areas similar to those of the World Health Organization is underway with other national associations indicating the need.
12. A new commission on dental practice was established to make study and recommendations on matters related directly to dental practice. (Dr. W. G. McIntosh of Canada was appointed as one of the advisers to this commission.)
13. A special session is to be held at Vienna (1965) to discuss "Targets for public relations in dentistry". Many other matters of concern, progress reports and matters of a routine nature occurred during the meeting. No attempt is made here to summarize the presentations except that Brigadier K. M. Baird and Dr. R. A. Connor, Canada, presented main papers. A notable point is the increasing collaboration between the F.D.I. and the World Health Organization. WHO now has a division on dental health, with increasing financial support, under the excellent direction of Dr. Mario Chaves. All phases of health activities are increasing on the international level and dentistry is taking its place in this forward movement.

Delegates —

Remy Langlois
W. G. McIntosh
Don W. Gullett

STATEMENT OF THE CANADIAN DENTAL ASSOCIATION
ON THE RECOMMENDATIONS OF THE
ROYAL COMMISSION ON HEALTH SERVICES

May 28, 1965

SUMMARY

It is recommended that there be established in all health regions of the country dynamic educational programs directed towards teaching children and adults the importance of dental health and the individual's responsibility in maintaining it.

The Association endorses the immediate adoption of the recommendations concerning *fluoridation* (45, 46, 48 and 49) and urges the federal government to conduct a campaign to encourage provinces and communities to accept the fluoridation grant.

We agree in principle with the recommendations on *education and recruitment* (155 to 161, 163, 164 and 167) and urge that, modified as suggested, they be applied at once. We believe that provincial health departments and health regions should offer *special subsidies* to attract dentists to small towns, villages and rural areas and specialists to medium-sized centres. We also agree in principle with the establishment of the proposed *Health Professions University Grant* and the *Health Facilities Development Fund* but think the latter should be kept completely separate from the Hospital Construction Grant.

We agree with the recommendations on *research* (177 to 185), but feel that the proposed progressive annual increase in the operating budget of the Health Sciences Research Council would be inadequate.

All provinces should introduce programs of basic dental services for *recipients of public assistance* and their dependents (52 and 53).

The recommendations concerning the establishment of *hospital dental departments* (54 to 57) should be adopted immediately.

Dentists who are competent and adequately trained to render services included under the *medical services benefit* should be reimbursed under this benefit when they perform these services for eligible patients (30 f and j).

It is recommended that an independent investigating committee be established to study all aspects of auxiliary dental services. This committee should report at the earliest opportunity.

The CDA is opposed to the establishment of the *Children's Dental Program* recommended by the Commission.

If the federal government initiates the Children's Dental Health Grant, it should be used for surveying dental needs and establishing permanent public health programs. The establishment and administration of dental programs should be a provincial responsibility. Should treatment services be introduced, they should be provided in private offices by dentists on a fee-for-service basis. Other arrangements should be used only where private practice is not possible.

Foreword

The first volume of the report of the Royal Commission on Health Services was received June 19, 1964, just five days prior to the annual

meeting of the Board of Governors of the Canadian Dental Association. At that meeting, the Board approved establishment of a steering committee to conduct a detailed study of the report with reference to the appropriate councils, committees, sections and corporate members of the association, and to report to the Executive Council. The Executive Council was empowered to take action on the commission's report when requested by government or when deemed necessary.

The steering committee appointed by the Executive Council began its study during the summer and suggested to corporate members (provincial dental organizations) that they form study committees at the provincial level. A digest of the commission's recommendations concerning dentistry was prepared and distributed widely. By correspondence the CDA steering committee sought observations and comments from provincial steering committees, from members of the CDA Board of Governors, from councils, committees and sections of the CDA, from other individual members, the National Dental Examining Board and dental hygienists. Comments on specific recommendations of the commission were requested of CDA councils, committees and sections. (For example, the Council on Education was asked advice on recommendations concerning dental education.)

Literally hundreds of pieces of correspondence from dentists and dental organizations all across Canada were collated and reviewed by the CDA steering committee. In February 1965, the steering committee reported to the Executive Council with a statement prepared following night after night of careful consideration of the voluminous correspondence from these many sources. The Executive Council approved the statement with some amendments and directed that this latest version be submitted to provincial steering committees, CDA councils, committees and sections, members of the Board of Governors, and to the many other individual dentists who had co-operated in the study.

In April 1965, the comments received from this survey were reviewed by the CDA steering committee and additional amendments to the statement were agreed upon. These amendments were submitted to a vote of the Executive Council. The resulting version was submitted to the CDA Board of Governors. At its meeting in May 1965, the Board adopted the statement which follows. (Although the CDA Board of Governors is representative of dental organizations in all ten provinces, provincial dental organizations are expected to offer their own comments to provincial governments.)

INTRODUCTION

1. The Canadian Dental Association is gratified that the Royal Commission on Health Services has recognized the importance of dental health. The many sections and recommendations pertaining to dentistry in the Commission's report are evidence of concern for dental problems. The Commission has demonstrated its awareness of the significance of good dental health and of the essential part good dental health plays in the total health of the nation. It was, however, with some disappointment and frustration that the Association discovered how little emphasis the Commission had placed on preventive dentistry and how much on treatment services.

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2. The more public attention is concentrated on treatment, the more difficult it is to make people believe that dental diseases are largely preventable. Dentistry does not measure its progress by the high and continually improving standard of dental therapeutics in Canada. In the opinion of the profession, it is more important to prevent disease than to treat it. Intensive public education will be required before the public will accept this view.

3. Most members of the public are so accustomed to the idea of the loss of part of a tooth or even of whole teeth that they are resigned to this eventuality. They think only in terms of facilitating their receipt of treatment services instead of insisting that oral diseases be prevented by all known public and private measures. They will receive with far greater enthusiasm the news of some advancement in prosthetic dentistry than the message that through conscientious effort on the part of the individual the need for this prosthesis can be avoided.

4. A program that concentrates on treatment alone does nothing to decrease the prevalence and incidence of dental caries. The status of dental health measured in terms of the average number of decayed, missing or filled teeth remains unchanged.

5. All possible educational forces must be mobilized and continually employed to increase awareness — in adults as well as children — of the individual's responsibility for maintaining optimum oral health through good oral hygiene, a balanced diet and regular dental visits.

6. This approach to the dental health problem can be dismissed as idealistic, but to do so is to commit this country to the continuing expenditure of millions of dollars that need not be spent. If parents were now giving their children the benefit of all methods of prevention available to them as individuals, the cost of a dental program such as that recommended by the Commission would be reduced by more than 29 per cent.⁽¹⁾ This is a significant sum: it could finance more than double the recommended expansion of dental schools.

COMMENTS ON RECOMMENDATIONS

Medical Services

Rec. 30 That the medical services benefit include the services of general practitioners and specialists, provided in the office, hospital, patient's home, and group practice clinic.

The medical services benefit should incorporate the following services:

- (f) anaesthesia — the administration of anaesthetics including:*
 - (i) anaesthesia for diagnostic, surgical and other procedures;*
 - (ii) obstetrical anaesthesia;*
 - (iii) dental anaesthesia in hospital;*

⁽¹⁾ The effectiveness of preventive measures when understood and properly applied is evident when the caries attack rates of dentists' children are studied. The children of dentists have between 36.5 and 53.6 per cent less decayed, missing and filled teeth than all children in the population. Canadian Dental Association, *A brief submitted to the Royal Commission on Health Services*, March, 1962. Table I. 1., p. 1-3.

- (iv) *dental anaesthesia in dental surgeries where rendered by a physician;*
- (j) *dental services where provided by a dentist in conjunction with maxillo-facial surgery;*

7. An extensive footnote appears on page 33 of the Commission's report commenting on subsection (j). The first paragraph correctly reports on the point made in the Brief of the Royal College of Dental Surgeons of Ontario and The Ontario Dental Association to the Medical Services Insurance Enquiry in connection with Bill 163, An Act respecting Medical Services Insurance. But the second and third paragraphs completely ignore the principle expounded and continue to recommend, in effect, that dentists restrict themselves solely to services arising from the requirements of maxillo-facial surgery notwithstanding that there are other benefits suggested which are within the competence of both physicians and dentists but from which dentists are to be denied the right to participate and accordingly their patients denied the unencumbered free choice of practitioner.

8. The Canadian Dental Association is prepared to submit a general list of services which can be rendered by either physicians or dentists. Dentists who are competent and adequately trained to render these services should be reimbursed under the medical services benefit when they perform these services for eligible patients. The administration of anaesthetics is included among these services.

Rec. 34 That loans be made available under the National Housing Act for financing facilities for "group practice clinics" on the basis of terms as provided for new houses.

Rec. 35 That the capital cost allowance provisions governing the construction and equipping of group practice clinics be amended to permit capital cost to be written off at twice the rate permitted under present regulations.

9. These two recommendations should apply to dentistry.

Dental Services

ORGANIZED PROGRAM FOR CHILDREN

Rec. 39 That the National Health Grants Programme be expanded to include a Children's Dental Health Grant to provinces to provide for dental services for children aged five and six years, in the first year, children aged four to seven in the second year, children aged three to eight in the third year, with the succeeding one-year age group to be added each subsequent year; the grant to be large enough to make provision each year for at least two examinations and the evident necessary care for each child.

10. We reject a children's dental treatment program as envisaged by the Royal Commission. We believe that first priority should be given to the implementation of recommendations — such as those concerning education, fluoridation and research — which would increase the number of dentists and decrease the need for dental services.

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11. Implementation of the recommendations of the Royal Commission on Health Services would result in the establishment of two unrelated dental services for the Canadian people:

- (1) for adults, a continuation of the present fee-for-service method of dental practice conducted through private offices by fully qualified dentists;
- (2) for children only, a separate system of state dentistry rendered by salaried auxiliaries in public clinics.

The Canadian Dental Association is categorically opposed to the system proposed by the Commission. It is completely illogical to divide dental service into two divorced segments with little or no opportunity for co-operation, communication and continuity between dentistry for children and dentistry for adults. A service such as that recommended by the Commission in no way conforms to the Commission's own tenet that "we must develop here an indigenous programme that builds upon the resources we have and that accords with our traditions and the historical development of health services in Canada." ⁽¹⁾

12. We do not recommend a national children's dental treatment program. We believe that the provision of dental services should allow for provincial variations. In the event that the federal government proceeds to draft a dental plan, the principles expressed in paragraphs 13 to 30 should be used for guidance.

Survey of personnel and treatment needs

13. The federal government's Children's Dental Health Grant should be used initially to develop a method for surveying treatment and personnel needs in districts within a province. The dental division of the federal government should assist the provincial dental divisions in establishing dental survey teams which could go into a district and survey the treatment needs and personnel available for a children's dental program. The dental public health team responsible for the dental public health programs in the district should assist the survey team in making its study and arrange for referrals to dentists in private practice. This team would advise on how many children could be covered by the plan, initially and on an incremental basis, and recommend where additional facilities (such as travelling clinics) will be necessary. A treatment program could not be set up provincially as conditions within the provinces vary so greatly.

14. Within each area of a province, it should not be possible to use the Children's Dental Health Grant to pay for treatment services until this survey has been done and a continuing public health program established.

Services to be included

15. The Commission has recommended that the program include "at least two examinations and the evident necessary care for every child". A more detailed outline of the dental services the Commission thinks should be covered is given on pages 571 to 573 of Volume I of its report. Initial care is described as follows:

(1) *Royal Commission on Health Services, 1964, Vol. I, p. 28.*

- “1. Polishing of teeth followed by the application of topical stannous fluoride
2. Caries control consultation
3. Examination for dental caries
4. Treatment of an average 3.4 cavities per child”.⁽¹⁾

16. The treatment services recommended by the Commission though necessary, do not meet the requirements of an acceptable basic dental health program for children. The dental profession believes that any basic care program would be inadequate and incomplete that did not include the following:

- (a) emergency care for the alleviation of pain and treatment of acute infections;
- (b) diagnostic-preventive services: periodic clinical and radiographic examinations and prophylaxes; topical application of anti-cariogenic agents; assessment of dietary and oral hygiene practices and nutritional status;
- (c) care on a planned and continuing basis to keep the mouth in the best possible condition; restoration of carious lesions; elimination of early periodontal conditions; prevention and interception of malocclusion;
- (d) more advanced surgical and restorative services for patients who have experienced traumatic injuries, acute infection or congenital deformities such as cleft lip and palate.

17. The cost of other services could be met through voluntary prepayment plans or through private dentist-patient arrangements.

18. We are appending a list of dental services indicating those services we believe should be covered under a basic dental health program for children (Appendix A). We recommend that this list be reviewed and, if necessary, revised periodically on the basis of experience with a children's dental program.

Responsibility of the patient

19. The ultimate success of preventive and maintenance care depends upon the co-operation received from recipients of the service. This fact should be recognized if a treatment plan is introduced.

Age groups to be covered

20. A dental program should cover the earliest possible need of pre-school children as well as the first classes of children accepted by public, separate and private schools. It should be extended to older children up to age 18 only as the availability of dentists in the area will permit.

Administration

21. For the administration of a dental plan, the CDA suggests that committees be established by the professional organizations which are representative of all dentists in the province. The provincial governments might

(1) *Ibid.*, p. 571.

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wish to appoint ex officio members to these committees. The duties of these committees should be more than purely advisory. They should include the responsibility for making all decisions of a professional dental nature. For example, these committees should establish the necessary guiding regulations under which the dental audit clerks would process claims and any claim needing a professional opinion would be referred to them. Any disciplinary problems arising from a plan should be handled by the existing provincial facilities that have proved so successful.

22. The dental profession has already proved itself capable of executing quasi-governmental functions. The profession acts as an arm of the government in protecting the public interest by governing (licensing and disciplining) its members. In several provinces, the profession acts as an agent of the government by administering dental welfare plans.

Children's Dental Health Grant

23. The federal government should require that the fluoridation grant be accepted and utilized by a province before it can be eligible for the Children's Dental Health Grant.

24. If treatment programs are established, the federal government's share of programs should be paid on the basis of 50 per cent of the average cost of dental care in fluoridated areas of the province multiplied by the population covered by the provincial program.

Financing the Children's Dental Health Grant

25. We agree with the Commission's statement that "... in the raising of funds required to pay for its share of the cost of the programme as proposed, the Federal Government, although not earmarking revenues, ought to identify in the mind of the taxpayer such additional taxes with the health care services he is getting." ⁽¹⁾ The taxpayer should know:

- how much he personally is paying for a program;
- how much a program is costing on a provincial and national basis;
- how much the services received by his children would have cost him had he been paying the dentist for them directly.

Rec. 40 *That a Dental Construction and Equipment Grant be established under the Health Facilities Development Fund to provide funds for dental clinic facilities in hospitals, public health centres, schools, or other health facilities, for the purpose of the recommended programme and, where necessary, equipment for travelling dental clinics, the Federal share to be 75 per cent of the cost to 1969, and 50 per cent thereafter.*

26. Dental services for children should be provided in the offices of dentists in private practice. Clinics should be constructed and travelling dental clinics provided only where a need for them has been demonstrated and the establishment of a private practice is not feasible. To construct clinics to eventually provide the majority of dental services for children would lead in many areas to an unnecessary duplication of facilities.

(1) *Ibid.*, p. 87.

Rec. 41 That the Federal Government provide matching funds under the National Health Grants Programme to meet the costs of the programme, including the employment of dentists on either a full-time or sessional basis to direct the work of the clinics and provide continuing supervision of the dental auxiliaries, the employment of dental auxiliaries, the costs of referrals to specialists, and the operating costs of clinics, including the transportation of personnel and equipment to outlying centres. In areas where none of the above-mentioned arrangements is feasible, special arrangements should be made with dentists in private practice. The remuneration for dentists in this programme as in all other programmes employing dentists should be competitive with incomes in private practice.

Dentists in private practice

27. We recommend that a children's dental program utilize the services of dentists in private practice except where it is not possible for private practitioners to provide the recommended services. Provision of services through the family dentist will facilitate the transfer of the patient from a children's dental program to receiving services as an adult patient and insure continuity of services. To provide services for children only through public clinics would violate article five of the Commission's *Health Charter for Canadians*: " 'Freedom of choice' means the right of a patient to select his physician or dentist . . ." ⁽¹⁾

28. Dentists should have the privilege of accepting patients under the conditions of a children's program or as strictly private patients. In the latter case, patients should not forfeit benefits that are their due under the provision of a program.

Method of payment

29. Dentists in private practice should be remunerated on a fee-for-service basis according to the fee schedule of the provincial dental organization. Fee schedules need regular review by the provincial dental organizations to ensure that they reflect current costs and conditions of dental practice.

Referrals to specialists

30. We agree in principle that referrals to specialists should be part of a program subject to the provision outlined under *Services to be included* in paragraph 16.

Rec. 42 That dental public health educational programmes be organized and actively promoted in all health regions or units in the nation.

31. Dental public health has the objectives of protecting, maintaining and improving the dental health of people as an aggregate unit. Its three major concerns — (1) development of realistic public attitudes toward dental health, (2) reduction of the prevalence of dental disorders through personal and public application of all available preventive and control measures, (3) intelligent utilization of available treatment resources — reflect highly

(1) *Ibid.*, p. 11.

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significant social characteristics of the dental health problem. Disregard of these characteristics and concentration on the provision of treatment alone results, at best, in endless and recurrent need for reparative treatment or, at worst, in overwhelming demands for emergency and terminal care. Neither of these affords any protection against recurrence of disease.

32. We have come to regard the dental public health team as a strategic link in the community between the dental needs of the general public and all of the resources that can be marshalled for the improvement of dental health. The public health trained dentist plans and directs the services of his dental health team including dental hygienists. Under his direction, the team reaches children in child health centres, at registration of school entrants and in elementary and secondary schools. The dental hygienist provides regular inspection and topical applications of anti-cariogenic agents. Her personal knowledge of community resources permits her to direct children to appropriate sources of dental care (family dentists, clinics or combination thereof). All of this, she co-ordinates through systematic, year by year followup of the children. Teaching and demonstrations suffuse every aspect of her work.

33. The Commission apparently ignores this important function of dental hygienists. Instead, the Commission has placed major reliance upon a comprehensive children's treatment program. The Commission's sole recommendation on dental public health is unlikely to persuade many municipal authorities to inaugurate or augment community dental health programs, particularly if federal and provincial authorities can be relied upon to underwrite a "comprehensive" children's treatment program.

34. It is naive to think that good dental health for the children of Canada can be achieved by removing financial barriers to dental care. Factors other than economic impede the translation of dental need into demand. Long-established habits and attitudes must be overcome before the desired acceptance rate can be realized. This can only be accomplished by dynamic public health programs continually educating, inspecting and referring children for diagnostic, preventive and treatment services.

35. In a children's dental program, public health dentists and hygienists should provide inspection and follow-up services and give oral hygiene instruction to all eligible children. Children requiring treatment should be referred to the dentist of the patient's choice, and diagnostic, preventive and treatment services should be rendered by the private practitioner on a fee-for-service basis. From his examinations of the children, the public health dentist could compile statistics for the National Dental Health Index.

Rec. 43 That the Health Sciences Research Council establish, as part of a continuing system of health statistics in Canada, a dental health survey including the maintenance of the dental health index established by the Canadian Dental Association.

36. Agreed. Studies of dental needs will have to be conducted in order to decide how many children can be covered and for what services. In addition, the National Dental Health Index (a means of studying national

variations and trends of dental disease) should be continued. In districts with dental public health programs, the surveying of the children and the completion of the forms connected with the National Dental Health Index can be done by the public health dentist. Continuing studies of the services being rendered under a children's dental program and how these are improving the dental health of the children should be made.

Rec. 44 That special consideration be given to the dental requirements of children suffering from physical or mental handicaps and the frequent need to admit them to hospital in order to provide essential dental treatment.

37. Agreed. From the standpoint of research, expansion of dental departments in hospitals would be valuable. Such departments are logical places to carry out a desirable expansion of clinical research in dentistry. A great deal could be learned from epidemiological studies of dental aspects of children with systemic or congenital conditions.

38. The problem with carrying out this recommendation, as with so many others, is the lack of personnel trained and experienced in working with handicapped children in hospitals.

FLUORIDATION

Rec. 45 That every community water system in Canada be immediately equipped to provide, and does provide, the approved level of fluoride.

39. Agreed.

Rec. 46 That the Federal Government provide under the Health Facilities Development Fund a grant to provinces of 75 per cent of the cost of equipment and installation for fluoridating community water supplies.

40. Agreed. The federal government should actively promote the acceptance and utilization of the fluoridation grant by means of an educational program directed particularly towards municipalities.

Rec. 47 That the Health Sciences Research Council provide for research and evaluation studies for the purpose of assessing the efficacy of fluoridation and the Children's Dental Programme.

41. Agreed.

Rec. 48 That the Federal Government immediately provide for fluoridation of all water supplies in areas or institutions under its jurisdiction, viz., the territories, the armed forces establishments where children are located, and the like.

42. Agreed.

Rec. 49 That in rural areas where community water systems are non-existent the public health authorities adopt means for meeting fluoride needs.

43. Agreed. (See Appendix B, "Fluoridation Supplements for Prevention of Dental Caries".)

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MATERNAL DENTAL HEALTH PROGRAM

Rec. 50 That a programme of dental services for expectant mothers, with services provided by dentists in private practice, be introduced as a benefit of the Health Services Programme in 1971, or as soon thereafter as it is deemed that dental manpower resources are adequate to meet the needs.

44. There are no data to support the widely held belief that pregnant women are necessarily more susceptible to dental caries than other women. The value of optimal oral health during pregnancy is obvious. A program of good health can be arranged co-operatively between dentist and obstetrician. Dental health education lectures incorporated into prenatal classes are also beneficial.

45. A program of dental services for expectant mothers would create an opportunity to inform them early of the value of a sound preventive dental health program and could care for their frequently demonstrated periodontal problems. This program should receive a relatively low priority, however, and we would recommend it for consideration at a future time.

DISTRIBUTION OF DENTISTS

Rec. 51 That the subsidies chargeable to the Children's Dental Health Programme Grant be used to attract dentists to rural areas, and that in areas with populations too scattered to warrant residential dentists, arrangements be made for travelling dental clinics, and that special inducements be offered to attract dental specialists to medium sized centres.

46. Agreed in principle. In areas to which it is difficult to attract a dentist, grants should subsidize private practitioners to a guaranteed minimum.

DENTAL SERVICES FOR WELFARE RECIPIENTS

Rec. 52 That all provinces introduce programmes of adequate dental services for all recipients of public assistance and their dependents.

47. Agreed. "Adequate dental services" should include examinations (including examinations for detection of cancer and other diseases), prophylaxes, bitewing x-rays, silicate and amalgam restorations, and extractions. The patient should pay part of the cost of prosthetic appliances.

48. On Page 824 of the Commission's report, the program is described as one which would "provide recipients of public welfare, including old age assistance, with the dental care they need, including dentures". The cost of comprehensive dental services could be prohibitive.

49. These programs should be administered by the provincial dental organization as is done in Alberta, Ontario, British Columbia, and Manitoba. Services should be provided by dentists in private practice on a fee-for-

service basis in accordance with prevailing fee schedules of the provincial dental organizations.

Rec. 53 That the Federal Government contribute one-half the cost of such programmes under the Health Services Programme.

50. Agreed.

HOSPITAL DENTAL DEPARTMENTS

Rec. 54 That all major general hospitals proceed as soon as possible to establish and equip a Department of Dentistry, providing both in-patient and out-patient services.

51. Agreed. It is possible that some of the problems facing dentistry — training of specialists, need for clinical research, training and utilization of auxiliaries — could at least in part be resolved with the establishment of adequately equipped dental departments in general hospitals. This matter is urgent. Every measure should be utilized to ensure the implementation of this recommendation.

52. We strongly urge that all major hospitals with approved dental departments establish dental internships and residencies.

Rec. 55 That a Chief of Dental Service be appointed in such hospitals.

53. Agreed.

Rec. 56 That qualified dentists be appointed to the hospital staff.

54. Agreed.

Rec. 57 That centres for treatment of cleft palate cases be established in children's hospitals and in general hospitals where adequate paediatric and associated services are available.

55. Agreed.

Prescription Drug Services

Rec. 61 That the functions of the Drug Advisory Committee which is responsible for advising the Department of National Health and Welfare be expanded, and its membership enlarged to include representatives of the Canadian Medical Association, l'Association des médecins de langue française du Canada, the Canadian Pharmaceutical Association, the Canadian Hospital Association, the provincial Schools of Pharmacy, the provincial Colleges of Pharmacists, and the provincial Departments of Health.

56. We are pleased to note that Volume II of the Commission's report has added the following addendum to this recommendation: "We now suggest that among the expanded membership of that Committee there should be added representatives of the dental profession."⁽¹⁾

Rec. 62 That the Food and Drug Directorate, with the assistance of the Advisory Committee, prepare and issue a National Drug Formu-

(1) Royal Commission on Health Services, 1965, Vol. II, p. 297.

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lary which would be maintained on a current basis. This Formulary would include only those drugs which meet the specifications of the Directorate, and would be identified as such, and therefore eligible for inclusion in the Prescription Drug Benefit, one of the objects being to minimize the cost of prescribed drugs. There should be established an appeals procedure for dealing with rejected applications, and an Information Service which would issue periodic bulletins providing the latest information on drugs and drug therapy to physicians, pharmacists, and hospitals.

57. We are pleased to note that Volume II of the Commission's report has added the following addendum to this recommendation: "Among the recipients of the bulletins, there should be added the members of the dental profession." ⁽¹⁾

Rec. 75 That educational programmes be conducted by the Food and Drug Directorate, the medical and pharmaceutical professions, and the provincial health service agencies to create greater understanding and co-operation between practitioners and pharmacists concerning the cost of drugs, and their prescription by proper names whenever possible.

58. This recommendation should also be extended to include dentists.

Rec. 76 That universities through their faculties of medicine and pharmacy strengthen their courses in pharmacology taken by medical students, by providing instruction in the economics of prescribing, including examination of comparative costs of drugs with similar therapeutic quality and efficacy; by short refresher courses dealing with pharmacology for physicians; and by extension work with medical practitioners in such fields as evaluation and therapeutics.

59. This recommendation gives no cognizance to the fact that pharmacology is an important subject in the undergraduate dental curriculum and that comments relating to both undergraduate and refresher programs in pharmacology should apply not only to medical students and physicians but to dental students and dentists as well.

Home Care Services

Rec. 116 That every hospital in Canada of 100 beds or more introduce either independently, or in association with other hospitals in the same centre, other community organizations, the local health department or any combination of these, a home care programme.

60. Dental care should be included in a comprehensive home care program.

Dental Education and Recruitment

DENTISTS

Rec. 155 That funds be allocated from the Health Facilities Development Fund to provide for one-half the cost of the required expansion

(1) *Ibid.*

and renovation of the dental schools now operating at Dalhousie University, University of Manitoba, McGill University, University of Alberta, and the Université de Montréal.

61. Agreed in principle, however, the recommendation should apply to any school which needs to expand and/or renovate. The extent and timing of the expansion should be determined by the specific university in consultation with provincial dental advisory groups. The capacities of the schools should not be expanded beyond the limit considered conducive to efficient teaching and graduate programs to develop teachers must run concurrently or ahead of the building programs.

Rec. 156 That funds be allocated from the Health Facilities Development Fund to provide one-half the cost of construction of five new dental schools in the next ten years, two to be located in Ontario, the University of Ottawa and the University of Western Ontario, and one each at the University of British Columbia (now under development), Université Laval and the University of Saskatchewan, Saskatoon.

62. While we agree in principle that there is a need for more educational facilities the location of new dental schools should be determined by the appropriate provincial authorities.

63. The availability of patients and staff for clinical teaching purposes and the existence of a multi-discipline university which adequately provides for basic science courses are but a few of many factors which must be considered when selecting a location for a dental school. The provincial dental body in consultation with the appropriate provincial governmental authority is best suited to make specific recommendations.

Rec. 157 That Provincial Departments of Education, in co-operation with the respective provincial dental associations be encouraged to conduct recruiting campaigns, especially among students in small towns and rural areas, and to attract an increasing number of women into the dental profession.

64. Agreed.

Rec. 158 That the Professional Training Grant be increased to provide for an annual grant, on application, of \$2,000 a year to each Canadian dental student with satisfactory performance in his final two years at a Canadian Dental School.

65. The government should make available grants to be applied against the specific costs of the four years of dental education for those qualified dental applicants who can demonstrate a need for financial assistance.

Rec. 159 That the Health Sciences Research Council endeavour to expand in Canada the amount of research on dental disease and prevention both by conducting intra-mural research and by increasing its grants to Universities.

66. Agreed. First priority should be given to research within universities

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before intra-mural programs of dental research are established by the National Research Council or the proposed Health Sciences Research Council.

67. The amount of grants to universities for extra-mural dental research support should be increased. In general terms, probably two or three times the amount allocated in 1964 for project support is needed in the immediate future. Many schools need basic equipment. Money for Associates and Research Fellows is far from sufficient. Several hundred thousand dollars are needed immediately for buildings for research. Travel funds for workers to attend meetings, or to visit other research laboratories are far below the minimum required, particularly in Canada where travel distances are great. It has been estimated that by 1990 several million dollars may be needed each year for dental research support.

Rec. 160 That to help ensure that dentists in practice maintain a high level of competence, dental schools inaugurate or expand programmes of continuing education, and that fees, travel and living expenses for attendance at such courses be regarded as deductible expenses for income tax purposes.

68. Agreed.

Rec. 161 That funds be made available to dental schools to provide adequate remuneration in order to increase the ratio of full-time to part-time staff.

69. We recognize the value of part-time teaching personnel in clinical areas, but agree in principle that the ratio of full-time to part-time staff should be increased.

Rec. 162 That funds be made available to those schools that wish to convert to year-round operations for the purpose of improving the quality of instruction and/or reducing the total length of time required to qualify for graduation or licensure to practice.

70. The decision to convert to year-round operations should be made by the individual universities.

Rec. 163 That additional funds be made available to universities to enable dental schools to expand graduate programmes for training specialists and to add these programmes where they do not now exist.

71. Agreed. It is very important to recognize that in the absence of dental hospitals, dental schools are forced to carry out two major types of education beyond the dental degree: the preparation for specialty certification, for purposes of both teaching and practice, and the preparation for research. Although there may be some overlap in these programs, their fundamental objectives differ enough that they should be considered as separate entities.

72. All dental schools should probably provide both types of graduate education. This responsibility should not be relegated to only a few. The cost for such training will be in the order of \$7,000 to \$10,000 per year per student. University budgets would have to be increased on this scale and training facilities provided.

73. Graduate programs for specialists should be directed in the first instance

to the preparation of specialist-teachers to staff the schools and only secondarily to increase the number of specialist-practitioners.

Rec. 164 That to reduce the serious shortage of dental specialists, as part of a seven year crash programme, Professional Training Grants of \$5,000 be allocated to dentists undertaking post-graduate study including those taking dental public health and those preparing for university teaching.

74. We assume that, as in Recommendation 152, the Professional Training Grant would be \$5,000 per year of post-graduate study.

75. This recommendation would be particularly helpful in providing the urgently-needed increase in dental teachers.

Rec. 165 That the dental schools provide special courses in children's dentistry and that Professional Training Grants of \$5,000 be made available as part of a seven year crash programme for dentists entering the service who wish to take advantage of the special courses, and preparation for specialist qualifications.

76. There is no necessity for "special courses in children's dentistry" other than the usual type of refresher course or the full post-graduate program leading to specialist certification.

77. The provision for those intending to specialize in dentistry for children should be the same as for other specialties and should be \$5,000 per year.

Rec. 166 That the Dental Licensing Authority in every province re-examine the general regulations with respect to the time that immigrant dentists are required to study in a Canadian dental school, with a view to increasing the inflow of qualified dentists.

78. The determination of the educational requirements for the dental degree, including the length of study needed, should remain the prerogative of the universities and not of the licensing bodies. The latter should decide only what degrees from which institutions are acceptable as a basis for the issuance of a licence.

79. Recommendation 166 must be considered in juxtaposition to an observation made on page 556: "Unlike physicians who have entered Canada in increasing numbers in recent years, dentists from other countries appear reluctant to immigrate to Canada". While stating that a number of factors may be involved, the Commission would appear to believe that the most important factor is "the restrictive effect of the various provincial licensing regulations". These comments invite an invalid inference that licensing regulations for dentistry are "restrictive" whereas the requirements of acquiring the right to practice medicine are not.

80. It is not necessary in this comment to delve into the complexities of medical registration. Perhaps it is sufficient to state that medical graduates desiring registration for practice must obtain, by examination, the official certificate of the Medical Council of Canada. In order to take these examinations, the applicant must acquire an Enabling Certificate from the provincial licensing authority. Among other requirements to be met by an

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applicant for an Enabling Certificate is the provision of proof of having completed satisfactorily two years of internship in an approved hospital. It is because facilities for dental internship in Canada are so very limited that this mechanism is not available for use by provincial dental licensing authorities.

81. In dentistry, the only facility comparable to the clinical accommodation provided by hospitals is the clinic of a faculty of dentistry. Thus there has been no other choice available than to require dental applicants who do not possess registrable qualifications to seek admission on an *ad eundem* basis to approved dental schools. Once having completed the one, two, or three years required, the graduate then becomes registrable and is eligible for provincial registration and licensure on the same basis as any other graduate of an approved dental school.

82. Dental licensing authorities are established by statute to assure that those who are granted the privilege of practising have met *minimum* standards of competence. It seems only reasonable that in a particular province the standards of competence expected of graduate dentists who come to that province to practise are reasonably comparable to the standards expected and required of dentists native to that province.

83. In many provincial jurisdictions there has been on the part of the dental licensing bodies a continuing broadening of the requirements bearing on what constitutes a registrable qualification. This area is under constant study with provincial dental licensing authorities being cognizant of the legal obligations placed upon them to require a minimum standard of competence but at the same time appreciating the growing need for more dental services. Considerable yet judicious progress can be shown to have taken place in Canada in respect to dental licensure.

Rec. 167 That dentists employed by health agencies and particularly in the children's dental programme be paid adequate salaries to attract a sufficient number of well qualified dentists.

84. Agreed.

DENTAL AUXILIARIES

Rec. 168 That a Dental Auxiliary Advisory Training Committee be appointed to the Department of National Health and Welfare, consisting, among others, of representatives of the Canadian Dental Association, the Provincial Dental Colleges or Boards, the National Dental Examining Board, Canadian Dental Schools, the Dominion Council of Health, Association des médecins de langue française du Canada, the Canadian Medical Association (Paediatric Section) and of Canadian women, together with the Director of the Dental Health Division, Department of National Health and Welfare.

Rec. 169 That this body, together with the Deans of the dental schools develop a curriculum that will qualify the auxiliaries in a two-year programme.

- Rec. 170 That the dental auxiliaries be qualified to prepare cavities and place fillings in the teeth of children, under strict clinical and pre-clinical supervision, and to undertake dental health education and give instruction to patients in self care.*
- Rec. 171 That dental auxiliaries be paid an adequate salary in order to attract a sufficient number of applicants.*
- Rec. 172 That the Federal Government provide grants to dental schools and/or technical schools to provide the equipment and installations and provide the professional faculty required to establish the educational programmes beginning in 1966, to train a minimum of 1,000 dental auxiliaries per year. Technical Schools should also be assisted to establish courses for the preparation of dental technicians and dental assistants.*
- Rec. 173 That the Professional Training Grant and the Technical and Vocational Training Grant be increased to provide bursaries to registrants to meet the cost of tuition, books, and maintenance.*

85. The Commission was obviously very much impressed with reports of the work of British and New Zealand dental nurses and proposes that 1,000 or more such auxiliaries be trained in Canada each year beginning in 1965. ⁽¹⁾ There is no evidence to warrant such a rash and costly duplication of the British and New Zealand plans in this country. Furthermore, the Canadian Dental Association agrees wholeheartedly with the Commission's statement that "... we do not believe that our deficiencies can be remedied by trying to transplant to Canada an entire programme or system, however well it may have worked elsewhere". ⁽²⁾

86. Dr. K. J. Paynter, who wrote the study "Dental Education in Canada" for the Royal Commission on Health Services, was sent to Great Britain by the Commission in the summer of 1962. He studied the training of the new auxiliaries but had no opportunity of examining or evaluating their performance in the field. Dr. Paynter felt that the British pilot study should be observed carefully; but he has noted: "Experience in other countries such as Great Britain, while useful, provides limited information as to potential impact of such people in the provision of dental services in Canada. Our regular means of providing dental services, our population distribution, etc., all differ so markedly from those in other countries that it seems to me a study of our own is necessary before proceeding at anything like the rate that the Commission have suggested." ⁽³⁾

87. A final report of the British experimental scheme has not yet been made. The interim report, published in 1963, noted: "Dental auxiliaries trained under the experimental scheme have been in employment only since September, 1962, and the (General Dental) Council consider that sufficient information is not yet available for an opinion to be formed on the value of dental auxiliaries to the community." ⁽⁴⁾ No dentists were sent by the

(1) Commission report, Vol. I, *op. cit.*, p. 76.

(2) *Ibid.*, p. 28.

(3) K. J. Paynter, personal communication.

(4) General Dental Council, *Interim Report on the Experimental Scheme for the Training and Employment of Dental Auxiliaries*, 1963, p. 55.

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Commission to New Zealand to observe the dental nurse plan which is in operation in that country.

Investigating committee

88. We do not agree with the proposal to establish a Dental Auxiliary Advisory Training Committee with such circumscribed terms of reference. We do believe, however, that before committing this country to the building of training facilities for the auxiliaries recommended by the Commission, and of public clinical facilities — all of which will cost millions of dollars — the provision of auxiliary dental services, within the context of Canadian conditions, should be studied thoroughly and objectively.

89. It is recommended that an independent investigating committee be established immediately to study all aspects of auxiliary dental services. It should be composed largely of representatives of dental practitioners and educators appointed by dental organizations together with representatives of the government with an impartial chairman acceptable to both dental and governmental representatives. For efficiency, this committee should have fewer members than the Dental Auxiliary Advisory Training Committee recommended by the Commission. Other parties could be called as consultants when this is desirable.

90. The committee should consider what types of auxiliaries are necessary, what they should be trained to do and how their services should be used in both private practice and public service. This committee should have at its disposal sufficient funds to design, conduct and evaluate pilot studies and operational research programs to determine the optimum combinations of auxiliary personnel and dentists.

91. A radical and hasty departure from present Canadian methods of dental practice is not advisable; but positive, constructive, well-thought-out action should be taken with all possible dispatch. The investigating committee should, therefore, bring in its report at the earliest opportunity.

92. The development of curricula for all auxiliaries should be the responsibility of provincial licensing boards and the Council on Education of the Canadian Dental Association in consultation with the deans of the dental schools and should not involve the investigating committee directly.

Current concepts

93. The Canadian Dental Association has had the extension of auxiliary services under continuing study for several years. It is believed that

- (a) The services rendered by auxiliaries must not include those operations requiring the scientific knowledge of the fully-qualified dentist (e.g. case assessment, treatment planning, cutting or severing of hard and soft tissues, the administration of drugs, the making of prescriptions), but should include many of the technical operations and technical parts of operations for which purpose auxiliary personnel has been adequately trained.

- (b) Auxiliaries should be under the supervision of the dentist. The dentist must retain full responsibility for the services he prescribes whether these are rendered by himself or by an auxiliary.

- (c) Any extension of auxiliary services should be accomplished by expanding the duties of the dental hygienist.
- (d) Rather than endorse the proliferation of several varieties of auxiliaries, the Association believes that the need for special types of auxiliaries — e.g. in orthodontics or prosthodontics — can best be met by supplementing the basic training of the hygienist.
- (e) The hygienist should continue to be educated at recognized dental schools where she can be trained to work in conjunction with the student dentist.
- (f) Auxiliaries should not be trained to render dental care to a particular age group of the population. From a scientific standpoint, auxiliaries who are not capable of providing services for adults are certainly not capable of providing services for children.
- (g) Auxiliaries should not be trained to work only in government service.

Courses for dental technicians and dental assistants

94. The CDA believes that dental technicians and dental assistants should be trained in formal training programs and where possible in close association with university dental schools. Their training should also be considered by the investigating committee.

Bursaries for auxiliaries

95. We agree that financial assistance is desirable for training all types of dental personnel.

Health Professions University Grants

Rec. 174 That quite apart from any future adjustments to the Federal University Grant, it be increased by an additional annual Health Professions Grant of at least 50 cents per capita, subject to revision in the light of future needs and developments. This Grant is to be allocated to universities having or establishing medical, dental, public health, pharmacy, nursing, physiotherapy schools, or two year pre-clinical programmes and that the methods of distributing this special Grant be arranged with the Canadian Universities Foundation.

96. We agree in principle that more funds must be made available to universities having dental schools, but dental educators who have studied this recommendation are of the opinion that a grant of 50 cents per capita would be grossly inadequate.

97. We feel very strongly that operational grants should be distributed on the basis of the number of students actually enrolled in specific courses and that the amount of the grants should be related to the relative cost of the particular program.

Rec. 175 That the Federal Government establish a ten-year capital development budget to assist in the provision of medical, dental, public health, nursing, and other health profession educational facilities, (including medical schools, dental schools, schools of public

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health, schools of nursing, basic sciences buildings, and equipment). The fund should be called the Health Facilities Development Fund and should incorporate the present Hospital Construction Grant.

98. We agree with the establishment of the Health Facilities Development Fund, but recommend that it be kept completely separate from the Hospital Construction Grant. The requirements of the latter are so great that there is danger the need for educational facilities will be overlooked or relegated to a secondary position. We assume that all branches of the health sciences would receive equitable funds.

Health Sciences Research Council

Rec. 177 That the Medical Research Council be broadened by appropriate legislation to include all fields of health research and renamed the Health Sciences Research Council; as so reconstituted it be recognized by the Government of Canada as its principal adviser in the planning and support of health research and the allocation of research funds; its services be available to provincial governments, voluntary health associations, and universities; and, further, that in the proposed Act for the expansion of the Council, there be provision for the appointment of additional outstanding persons from the health and other professions. An outstanding "layman", not connected with any particular health services programme or agency, should be appointed Chairman. This does in no way imply any criticism of the structure of the present Medical Research Council or of its distinguished Chairman but in the expanding role of the Council recommended here, embracing other health fields, we believe that a neutral person rather than a member of one of the health professions would be desirable as Chairman as and when a vacancy occurs.

99. Agreed, provided that each health science can be assured of a fair representation on the Council and a proportionate amount of the Council's scholarships, associateships, etc.

100. The Associate Committee on Dental Research of the National Research Council should either be absorbed in the Health Sciences Research Council or continue to function in an advisory capacity to the new Council.

Rec. 178 That the operating budget of the Council be progressively increased, by an annual amount of \$2,000,000 over the next five years, and that the Council be authorized to hold funds from other sources such as foundations or other agencies.

101. If the needs in medicine are proportionately equivalent to those in dentistry, the fund increase proposed by the Commission for the Health Sciences Research Council is inadequate. In 1954, extramural support for dental research was estimated at \$76,870; in 1964, the figure was \$347,400. That is, within ten years, spending increased approximately four and one-half times. ⁽¹⁾ Furthermore it was estimated that in 1964 the sum of half a

(1) Canadian Dental Association, Survey on Dental Research, 1964.

million dollars would have nearly met the need for that year.

On the basis of the rate of increase in dental research spending between 1954 and 1964, one can estimate that several millions of dollars will be needed annually for this activity over the next twenty to thirty years.

Rec. 179 That the Council be encouraged to increase the number of research associates at medical, dental, pharmacy, and university nursing schools and, in addition, make provision for scholarships to recent medical, dental, pharmacy, and nursing graduates not yet qualified as research associates.

102. Agreed.

Rec. 180 That grants be available to teaching hospitals for experimental research.

103. Agreed. Hospital dental departments are logical places to build up a much-needed program of clinical research in dentistry. The key problem in setting up programs of clinical research is the lack of qualified personnel. There is an urgent need to provide support for training in the clinical research area. This recommendation points up the need for the establishment of dental departments in general hospitals.

Rec. 181 That the Council conduct and provide grants for research in the medical, biological, and related sciences, basic drug research, and any other scientific research including research in the social sciences, having as its objective the improvement of the health of the Canadian people.

104. Agreed. First priority should be given to research within universities before intramural dental research is conducted in other institutions, except in the field of health statistics.

Rec. 182 That the Council support research concerning the most effective training and use of health workers.

105. Agreed. For dentistry, such research could be conducted by the investigating committee proposed in paragraph 89.

Rec. 183 That it be a continuing responsibility of the Council to conduct or provide grants for the conduct of studies evaluating the effectiveness, efficiency, and co-ordination of the various elements of the health services complex.

106. Agreed. Part of the role of the statistics should be to study the effectiveness of the entire health plan in terms of the improved state of the health of the nation, rather than simply in terms of the number of services rendered.

Rec. 184 That the Council provide advice and guidance, and participate in developing and maintaining a continuing system of health statistics in Canada as well as in ad hoc studies for the assessment of current health problems and their trends, including the maintenance of a dental health index as established by the Canadian Dental Association.

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107. Agreed. In the field of health statistics, research should be conducted jointly with the Dominion Bureau of Statistics and the Dental Health Division of the Department of National Health and Welfare and the Canadian Dental Association.

108. Such work should support international research activities such as the International Classification of Diseases of the World Health Organization which provides a basis for standardized epidemiological studies and is dependent on the development of standard survey techniques and diagnostic procedures.

109. The intramural research proposed for the Health Sciences Research Council could serve this purpose well.

Rec. 185 That the Council be authorized to appoint a research director, medical, non-medical research staff, and technical advisory committees as required.

110. Agreed provided that it is intended to include dental research staff.

National Health Grants

Rec. 198 That a Children's Dental Health Grant be introduced in 1967 to underwrite one-half the cost of a Children's Dental Programme to commence in 1968.

111. An arbitrary deadline cannot be set for the introduction of a children's dental program. The recommended increase in facilities for dental education, introduction of the fluoridation grants, survey of dental needs and personnel and establishment of dental public health programs must precede the introduction of any treatment program.

Implications of Recommendations

Average time required to give initial care to a child

112. The Commission has estimated that the average time required to give initial care to a child would be as follows:

1. Polishing of teeth followed by application of topical stannous fluoride	30 min.
2. Caries control consultation	6 min.
3. Examination for dental caries	20 min.
4. Treatment of an average 3.4 cavities ⁽¹⁾ per child, i.e. 3.4 x 52 min.	176.8 min.
	3.88 hrs." ⁽²⁾

113. The Commission's report states that this figure was obtained after "certain minor adjustments were made to the figures of the Canadian Dental Association, after consultation with CDA officials, e.g. it was calculated that the time needed for caries control consultation is 6 minutes per child." ⁽³⁾ We are not aware of any discussion on this point having taken place with CDA officials. We agree that the average time necessary for caries control consultation would be six minutes per child (the service would take 60

(1) This should have been 3.4 teeth. There were an average 5.8 surfaces per child.

(2) Commission's report, Vol. I, op. cit., p. 571.

(3) Commission's report, Vol. I, op. cit., p. 571.

minutes and would be necessary for ten per cent of the cases). However, the CDA figures included, in addition to the times listed by the Commission, 60 minutes for all other services. ⁽¹⁾

114. The CDA in its brief to the Royal Commission on Health Services estimated that initial care would take 4.9 hours. This figure was arrived at as follows:

prophylaxis followed by application of topical preventive agent (e.g. stannous fluoride)	30 min.
caries control consultation, diet study, saliva tests and prescriptions (services would take 60 minutes and would be necessary for 10 per cent of the cases)	6 min.
examinations for dental caries including bite-wing x-rays (twice a year at 10 minutes each)	20 min.
backlog of untreated caries (3.4 teeth or 5.8 surfaces)	180 min.
all other services (including examinations for other dental conditions)	60 min.
Total	4.9 hours

115. These times have been reviewed and are considered to be as valid as possible. There is no justification for the Commission's reduction of the initial time requirement from 4.9 to 3.88 hours.

116. The crude nature of these estimates must, however, be emphasized. With increased use of preventive dental health measures, the need for dental services will continue to change. For example, in the past three years, one province has experienced a 17 per cent decrease in the caries attack rate in children aged four to 13 years. ⁽²⁾ It would be folly to base estimates of financial and manpower requirements on these existing figures without further study.

Productivity of the auxiliaries proposed by the Commission

117. The Commission has assumed that the dental auxiliary they recommend will be as productive as the fully-qualified dentist and that, in 1,500 chair-side hours a year, she will be able to accomplish the same amount of work as a dentist. In our opinion, this estimate of work output is unfounded and overly optimistic.

Ratio of auxiliaries to dentists

118. The Commission believes a ratio of four of their recommended auxiliaries to one dentist to be the optimum. From their suggested team of four auxiliaries and one dentist, they expect 7,500 chairside hours of work. It would be impossible for a dentist to put in 1,500 chairside hours himself while at the same time supervising the work of four auxiliaries. With 2,494 patients per dentist ⁽³⁾ — minimum of 4,988 appointments per year — he would be responsible for diagnosing and supervising all treatment for a

(1) For examples of services see Appendix A, List of Dental Services.

(2) Personal communication.

(3) The Commission estimates that by 1976 there will be 2,494 children per dentist in the Children's Dental Program. The Commission's report, Vol. 1, *op. cit.*, Table 13-24, p. 572.

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minimum of three patients every hour. He could do so only in a most superficial and unsatisfactory manner.

Number of dental auxiliaries proposed

119. If the Commission's recommendations were adopted, within the first ten years of the training scheme for auxiliaries 10,350 girls would be trained. By 1976, there would be 1,637 more auxiliaries than would be necessary to staff the Children's Dental Program. ⁽¹⁾ The Commission assumes that each auxiliary would be as productive as a dentist. If to the 10,350 auxiliaries are added the 8,770 dentists projected for 1976, there would be, according to the Commission, 19,120 dental man-years available — three times as many as will be available in 1966. It is not reasonable to assume that the demand for dental services can triple in ten years.

Cost of program

120. The Commission's estimates of the cost of the Children's Dental Program are distorted to the extent that they have underestimated the average time required for initial care of children and over-estimated the productivity of the dental auxiliary. The first of these considerations alone would increase the estimated cost of the Children's Dental Program by 26 per cent in 1968.

FURTHER STUDY IS ESSENTIAL

121. These are some of the figures that have been questioned during our study of the implications of the Commission's recommendations. There are others. Our purpose, however, is not to criticize the prodigious work of the Commission and its staff, but rather to emphasize how little reliable data exist on which can be based estimates of the requirements of a public dental program. It would be impossible to provide reliable estimates of the manpower, money and facilities necessary for the program recommended by the Commission unless the dental needs of the children, in terms of treatment and time, the probable utilization rate and the productivity of the dental team, were known.

Appendix A

LIST OF DENTAL SERVICES

DIAGNOSTIC SERVICES

*(*Included Services)*

- * Clinical Oral Examination
- * (a) General
- * (b) Specific
- * Recording History and Charting
- * Interpretation of Radiographs
- * Diagnostic Models
- * Diagnostic Models (Mounted)
- * Medication for Diagnostic Purposes
- * Treatment Plan

⁽¹⁾ The Commission estimates there will be 10,350 auxiliaries available in 1976 but that only 8,713 of these would be required by the Children's Dental Program.

- * Treatment Presentation
- * Consultation (a) With Patient
- * (b) With Members of Profession
- * Biopsy (a) Soft Tissue
- * (b) Hard Tissue
- Cytological Examination
- Bacterial Examination (Culture)
- * Pulp Tests (a) General (complete)
- (b) Specific (local)
- * Radiographs
- * 1. Single Periapical Film
- * 2. Additional Periapical Films (up to and including a total of 7 films)
- * 3. Complete Series Periapical Films including Bite-Wings
- * 4. Single Bite-Wing Film
- * 5. Posterior Bite-Wing Films
- * 6. Occlusal Film (a) Mandibular
- (b) Maxillary
- 7. Extraoral Radiographs
 - (a) Right lateral
 - (b) Left lateral
 - (c) Posterior-anterior
- 8. Cephalometric Radiographs
 - (a) Right lateral
 - (b) Left lateral
 - (c) Posterior-anterior
 - (d) Anterior-posterior
 - (e) Right oblique
 - (f) Left oblique
- 9. Temporomandibular Joint

PREVENTIVE SERVICES

- * Prophylaxis, scaling and polishing (deciduous dentition)
- * Prophylaxis (permanent dentition)
 - (a) Scaling
 - (b) Polishing
- Occlusal Adjustment
 - (a) General (complete dentition)
 - (b) Specific
- * Oral Hygiene Instruction (oral physiotherapy)
 - (a) Brushing
 - (b) Massaging
 - (c) Embrasure Cleansing
- * Diet Analysis and Recommendations
- * Dental Caries Susceptability Tests
- * Finishing Restorations (including refinement of marginal ridges and occlusal surfaces)
- * Interceptive Orthodontics

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- * 1. Habit Inhibiting, e.g. tongue thrusting, thumb sucking,
lip biting
 - * A. Appliance Therapy
 - (a) Removable
 - (b) Fixed
 - * B. Exercise Therapy
 - e.g. Mouth Breathing
 - Abnormal Swallowing
 - Tongue Thrusting
- * 2. Space Maintaining
 - * A. Removable Appliances
 - (a) Unilateral Acrylic
 - (b) Bilateral Acrylic
 - * B. Fixed Appliances
 - (a) Cast Crown, Band, etc.
 - (b) Soldered Lingual Arch
- * 3. Space Regaining
 - (a) Intraoral
 - (b) Extraoral—Head Gear
- * 4. Cross-bite Treatment
 - A. Removable Appliance Therapy
 - (a) Anterior Cross-bite—e.g. Incline Guide Plane
 - (b) Posterior Cross-bite—e.g. Incline Guide Plane
 - B. Fixed Appliance Therapy
 - (a) Anterior Cross-bite—e.g. Finger Spring Type
 - (b) Posterior Cross-bite—e.g. Band, Elastic Type
- * 5. Dental Arch Expansion Treatment
 - A. Removable Appliance Therapy
 - B. Fixed Appliance Therapy
- * 6. Office Visit
 - (a) Observation—tooth movement, position, etc.
 - (b) Observation and Tooth Guidance
 - e.g. tooth reduction
 - (c) Observation—adjustment, activation, etc., of removable appliance
 - (d) Observation—adjustment, activation, etc., of fixed appliance

TREATMENT SERVICES

- * A. EMERGENCY SERVICES
 - * Emergency Treatment (palliative)
 - (a) Teeth
 - (b) Supporting structure
 - * Emergency Endodontic Treatment (including examination and diagnosis)
 - * Examination and Diagnosis of Injuries to the Teeth and Supporting Structures (treatment not included)
 - * Removal of Carious Lesion (s) and Dressing
 - * Emergency Treatment

- (a) Requiring sutures
- (b) Requiring debridement and sutures
- (c) Requiring debridement, sutures, and other surgical procedures

Post-operative Treatments

Professional Visits to Bedside

- (a) Examination and diagnosis
- (b) Including palliative treatment

B. SURGICAL SERVICES

Surgical Removal of Erupted Teeth

- (a) Single tooth
- (b) More than one tooth in same quadrant
- (c) Requiring surgical flap

Surgical Removal of Impacted Teeth

- (a) Soft tissue coverage
- (b) Partial bone coverage
- (c) Complete bone coverage

Surgical Removal of Residual Roots

- (a) Soft tissue coverage
- (b) Bone tissue coverage

Frenectomy

Frenoplasty

Post-operative Treatment

Alveolectomy—per quadrant

- (a) Dentulous
- (b) Edentulous

Alveoloplasty—per arch

Removal of Torus

- (a) Palatal
- (b) Mandibular

Excision of Hyperplastic Tissue—per arch

Intraoral Incision and Drainage of (a) Abscess
(b) Cyst

Extraoral Incision and Drainage of Abscess

Excision of Pericoronal Gingiva

Sialolithotomy: removal of salivary calculus intraorally

Sialolithotomy: removal of salivary calculus extraorally

Closure of Salivary Fistula

Dilation of Salivary Duct

Excision of Benign Tumour

- (a) Soft tissue
- (b) Bone tissue
- (c) With bone graft

Excision of Malignant Tumour

- (a) Soft tissue
- (b) Bone tissue
- (c) With bone graft

- Transplantation of
 - (a) Tooth
 - (b) Tooth bud
- * Incision and Removal of Foreign Body from Soft Tissue
- Removal of Foreign Body from Bone (independent procedure)
- Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body
- Closure of Antraoral Fistula
- Excision of Cyst (under 2 cm.)
- Excision of Cyst (over 2 cm.)
- Sequestrectomy (for osteomyelitis or bone abscess)
- Temporomandibular Joint
 - (a) Condylectomy
 - (b) Meniscectomy
 - (c) Injection of Medication
- * Crown Exposure for Orthodontic Treatment
- * (a) Soft tissue coverage
- * (b) Bone tissue coverage
- Treatment of Trigeminal Neuralgia by Injection into Second and Third Divisions
- * Treatment of Simple Fracture of Maxilla
 - * (a) Open reduction method
 - * (b) Closed reduction method
- * Treatment of Compound or Comminuted Fracture of Maxilla
 - * (a) Open reduction method
 - * (b) Closed reduction method
- * Treatment of Simple Fracture of Mandible
 - * (a) Open reduction method
 - * (b) Closed reduction method
- * Treatment of Compound or Comminuted Fracture of Mandible
 - * (a) Open reduction method
 - * (b) Closed reduction method
- * Treatment of Malar (Zygomatic) Fracture, Simple Closed Reduction
- * Treatment of Malar (Zygomatic) Fracture, Simple, or Compound Depressed, Open Reduction
- * Treatment of Fracture of Condyle
 - * (a) Open reduction method
 - * (b) Closed reduction method
- * Treatment of Dislocation of Mandible
- * Treatment of Luxation of Mandible (uncomplicated)
- Surgical Treatment of
 - (a) Prognathism
 - (b) Retrognathism
 - (c) Apertognathism

Palatoplasty

- (a) Partial Cleft
- (b) Complete Cleft
- (c) Anterior Palatal Defect Only

Treatment of Fracture of Alveolus

Ridge Extension

C. PERIODONTIC SERVICES

Non-surgical

Displacement Dressing (packing)

Removal of Calculus (scaling)

- (a) Supragingival
- (b) Subgingival
- (c) Polishing, including removal of bacterial and
mucinous plaques

Treatment of Temporomandibular Joint Disorder

Treatment of Periodontal Abscess and Pericoronitis
(possibility of surgical service)

Treatment of Acute Oral Infections

- (a) Necrotic Gingivitis
- (b) Herpetic Stomatitis
- (c) Aphthous Stomatitis
- (d) Other acute forms of Gingivitis or Stomatitis

Desensitization of Tooth Surface

Maintenance Care

- (a) Re-examination
- (b) Re-evaluation of oral status
- (c) Provision of Maintenance Therapy (scaling
occlusal adjustment, review oral hygiene, etc.)

Root Planing

Splinting (provisional)

- (a) Removable
- (b) Fixed

Periodontal Prosthesis

Minor Tooth Movement

Surgical

Gingival Curettage

Gingivoplasty

Gingivectomy

Gingivectomy with Osteoplasty

Gingivectomy with Curettage

"Flap" Surgery with Osteoplasty

"Flap" Surgery with Curettage

Mucogingival Surgery

- (a) Apically Repositioned Flap
- (b) Lateral Sliding Flap
- (c) Frenectomy

Post-operative Treatments

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D. ENDODONTIC SERVICES

- * Exposed Pulp Treatment (capping)
- * Pulpotomy (Deciduous Tooth)
- * Pulpotomy (Permanent Tooth)
- * Emergency Endodontic Procedures
- * Treatment of Traumatized Tooth
 - * (a) Not involving the pulp
 - * (b) Involving the pulp
 - * (c) With root fracture
 - * (d) With partial luxation
- Emergency Occurring During Treatment of Tooth
- General Endodontic Procedures
 - Preparation of Tooth for Treatment
 - Endodontic Procedures Not Involving Periradicular Surgery
 - (a) Pulpectomy
 - (b) Biomechanical Preparation of Root Canal
 - (c) Chemotherapeutic Treatment of Root Canal
 - (d) Bacteriological Test(s) for Sterility
 - (e) Obliteration of Root Canal
 - (f) Mummification of the Pulp
 - Endodontic Procedures Involving Periradicular Surgery
 - (a) Apical Curettage
 - (b) Root Resection
 - (c) Root End Filling
 - Endodontic Procedures Involving Other Types or Surgery
 - (a) Hemisection
 - (b) Tooth Replantation
 - Post Treatment Care
 - (a) Post-surgical Care
 - (b) Treatment of Complications Following Surgery
 - (c) Clinical and Radiographic Examination of Treated Tooth
 - Bleaching of Endodontically Treated Tooth

E. RESTORATIVE SERVICES

- 1. *Treatment of Dental Caries*
 - Amalgam Restorations
 - Deciduous Dentition
 - One Surface
 - Two Surface
 - Three Surface
 - Permanent Dentition
 - One Surface
 - Two Surface
 - Three Surface
 - More than Three Surfaces

- * Reinforced Amalgam Restorations (pins)
- * Silicate Cement Restorations
 - * Class III and IV
 - * Class V
 - * Class IV Reinforced Silicate Cement Restoration (pins)
- * Direct Resin Restorations
 - * Class III and IV
 - * Class V
 - * Class IV Reinforced Direct Resin Restoration (pins)
- * Gold Inlay Restorations
 - * One Surface
 - * Class I
 - * Class V
 - * Two Surface
 - * Three Surface
 - * Inlays with Retentive Pins
- * Fused Porcelain Inlay
- * Gold Foil Restorations
 - * Class I
 - * Class II, III and IV
 - * Class V

2. *Extensive Restoration of Teeth*

Crowns

- * Partial Veneer Crown
- * Partial Veneer Crown With Direct Resin or Silicate Cement Veneer
- * Partial Veneer Crown with Retentive Pins
- * Cast Crown (Gold)
- * Cast Crown (Acrylic Veneer)
- * Acrylic Crown
- * Porcelain Veneer with Metal base
- * Complete Porcelain Crown
- * Cast Metal Post and Coping (in addition to crown)
- * Stainless Steel Crown
- * Provisional Crown (protective dressing)
- * Fixed Bridge Restorations
- * Splinting (permanent)
- * Occlusal Rests
- * Removal of (a) Inlay
 - (b) Crown
 - (c) Fixed Bridge Restoration
- * Recementation of (a) Inlay
 - (b) Crown
 - (c) Fixed Bridge Restoration
- * Repair of Fixed Bridge Restoration
 - * Replacing Fractured Facing

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- (a) Backing Intact
- (b) Acrylic-processed

Complete Dental Rehabilitation

- A. Evaluation of
 - (a) Radiographs
 - (b) Mechanical devices for reproduction of Temporomandibular Joint function
 - (c) Articulated models
- B. Additional Services
Those not included in the previous list of restorative services; e.g. Maxillary and Mandibular "Custom clutches"

F. PROSTHODONTIC SERVICES

Dentures

Complete Maxillary and/or Mandibular Denture(s)

Partial Dentures

Partial Maxillary and/or Mandibular Denture(s)

- (a) Clasp attachments
- (b) Precision attachments

*

Provisional Removable Partial Denture

Denture Adjustments

- (a) Denture Base
- (b) Denture Occlusion

*

Obturator

Stress Breaker

Denture Repairs

*

Repairing Denture Fracture (no teeth involved)

*

- (a) Complete Impression required

*

- (b) Complete Impression not required

*

Repairing Denture Fracture with Fractured Teeth

*

- (a) Complete Impression required

*

- (b) Complete Impression not required

*

Replacement of Fractured Teeth

*

Replacement of Clasp on Denture

*

- (a) Clasp Intact—complete impression required

*

- (b) New Clasp Required—complete impression required

Denture Relining (complete or partial denture)

- (a) Tissue Reconditioning
- (b) Processed
- (c) Self Polymerizing

Denture Rebasing (using new denture base material)

Maxillofacial Prosthesis

G. ORTHODONTIC SERVICES

1. Diagnostic Phase — as per Diagnostic Services
2. Treatment Phase
 - (a) Extreme valocclusions requiring comprehensive orthodontic therapy involving both mandibular and maxillary arches. (Complete Banding)

Angle Classification:

 - (1) Class I, Malocclusions
 - (2) Class II, Division I, Malocclusions
 - (3) Class II, Division II, Malocclusions
 - (4) Class III Malocclusions
 - (b) Moderate Orthodontic therapy involving the mandibular or maxillary arch
 - (c) Malocclusions not requiring complete banding
 - (d) Individual Tooth Movement

H. ADDITIONAL SERVICES

Anaesthesia Services

- * 1. Local Anaesthesia
- * 2. General Anaesthesia for Conservative Dental Procedures
- * 3. General Anaesthesia for Oral Surgical Procedures
- * 4. Oral Sedation as an Adjunct to Local Anaesthesia
- * 5. Intravenous Sedation as an adjunct to Local Anaesthesia
- * 6. Inhalation Analgesia

Hospital Dental Services

Professional Visits after Normal Office Hours

Drug Therapy

- (a) Prescribed
- (b) Dispensed
- (c) Administered

Protective Appliance — Athletic

Implant Dentures

Appendix B

*FLUORIDE SUPPLEMENTS**for prevention of dental caries*

(This statement, which was published in *CDA Transactions* in 1964, was appended to the statement submitted to the Minister of National Health and Welfare but is not reprinted here.)

Appendix D

PROJECTION OF DENTAL SERVICES

The last review of progress being made in the implementation of the approved policies (1960 Transactions, p.34) was made in 1963. The following developments can now be reported.

1. Studies concerning the dental needs and demands of the Canadian people

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continue. The Steering Committee charged with the responsibility of drafting comments on the Report of the Royal Commission on Health Services is compiling information on dental needs, particularly with regard to children. Participation in the welfare programs across Canada gives some insight into the demands for service from welfare recipients. Other statistics will be available soon, as a result of the 1963 Survey of Dental Practice in Canada.

2. Both the Council on Research and the Fund for Dental Education have gradually increased their scope of influence. The last report of the Council on Research indicated a total 15 fellowships and studentships had been supported by the Council during the preceding term. The Fund for Dental Education has set aside \$6,000 for teacher training during 1964.

3. Slowly, but surely, fluoridation of communal waters in Canada is increasing. The last report is that approximately 3,900,000 people in some 200 Canadian communities are benefiting from this preventive program.

4. The policy statement on auxiliary personnel is under constant review and at present no change is contemplated.

5. Training programs for dental hygienists and dental assistants have been reviewed. In January 1965, conferences of the directors of the schools of dental hygiene in Canada, and also of the directors of formal dental assistants' training programs, together with other interested groups and individuals, including board of education representatives, were held at C.D.A. Headquarters. The tone of both conferences suggested that much good will come from the resulting exchange of ideas.

6. Training facilities for dentists and dental auxiliaries continue to expand. Eight dental schools, four with programs for training dental hygienists are, or soon will be, contributing to dental manpower. Since the last review a new dental school has been authorized in London at the University of Western Ontario.

7. The national and provincial recruitment committees are apparently responsible, in part at least, for increasing the number of applicants to the dental schools. The number of qualified applicants is now exceeding the number of spaces to be filled. There has also been an improvement in the number of applicants from the smaller communities and rural areas.

8. In the province of British Columbia, three new duties have been added to the list of services which may be delegated to the dental hygienists.

These are:

- (i) applying emergency or temporary sedative dressings to hard or soft tissues.
- (ii) the production of study models, face masks, preoperative pictures, etc.
- (iii) the fabrication and fitting of removable prosthetic appliances including the necessary intra-oral procedures but excluding diagnosis, treatment planning, and surgery of the oral tissues. (Reference: 1964 Transactions, p. 119).

Also in British Columbia, it is now possible under specified conditions for

dental laboratory technicians to apply for a permit as a dental hygienist. This latter development was in the form of a compromise and was not at the instigation of the dental profession.

9. Pilot studies are still in progress at some of the dental schools and in the R.C.D.C. in connection with the training of dental auxiliaries and the practical application of their supervised services.

10. There has been some extension of the welfare dental plans in Canada but to date no groups are purchasing prepaid dental services through a dental service corporation. Four provinces have now established dental service corporations but none are, to date, operating a plan. There is some intention to report in regard to prepaid plans administered by insurance companies and by the Blue Cross.

11. The Fund for Dental Education has grown and in 1964, allocated the sum of \$6,000 for fellowships in teacher training. In order to promote what the Fund considers to be of prime importance to dental education in Canada, it has limited its awards to graduate students who are seeking advanced education in preparation for teaching careers on at least a half time basis.

February 1965.

Appendix E

CONSTITUTION OF THE CANADIAN ACADEMY OF PROSTHODONTICS

Article I — Name

The name of the association shall be "The Canadian Academy of Prosthodontics", and shall hereinafter be referred to as the "Academy".

Article II — Purposes and Objectives of the Academy

Section (1)—To encourage and contribute to the advancement of the science and practice of prosthodontics and improve its standards so that the Canadian people may be competently and adequately served.

Section (2)—To promote the highest standards of ethics to the profession as a whole, to other specialties in dentistry and to other professions.

Section (3)—To encourage more post graduate teaching of prosthodontics by our universities so that the academic level of prosthodontics in Canada will be on the highest plane.

Section (4)—To study ways and means of integrating by deeds and laws, the practice of prosthodontics so that both the dental profession and general public will benefit.

Article III — Membership

The membership shall consist of Active, Honorary and Associate members.

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Section (1)—Honorary members shall be proposed by the Executive and shall be approved by the general body. Honorary membership may be granted to members of the dental profession or members of collateral fields who have contributed signally to the advancement of Prosthodontics.

Section (2)—Active membership shall consist of:—

(a) All dentists who are in good standing in their national and local dental societies and who are members of a recognized prosthodontic society.

(b) All dentists who are in good standing in their national and local dental societies and who are or have been on the teaching staff of the department of prosthetics of a recognized university.

(c) All dentists who are in good standing in their national and local dental societies, and who hold a recognized post-graduate degree in prosthodontia.

Section (3)—Associate Members:—

(a) Any dentist in good standing in their national, and local societies and whose principal interest in dentistry shall be in the field of prosthodontics, or who has done favourable research in prosthodontics shall be eligible for associate membership.

(b) Associate members shall not hold office or vote.

(c) Associate members shall be elected to associate membership in compliance with the by-laws as laid out in Article IV, of the constitution.

(d) The number of associate members elected in any one year shall not exceed five.

(e) Initiation fees and dues shall be the same as active members.

(f) An associate, after a period of three (3) years, may be elected to active membership by a three-fourths secret vote of the Executive and a three-fourths secret vote of the active members present at the annual meeting.

Article IV — Election of Members

Section (1)—Nominations for Membership: Nominations for membership shall be presented in writing to the secretary and shall be sponsored by an active member and endorsed by at least one other active member.

The secretary shall present the nomination to the executive committee who shall meet prior to the general meeting to consider the nomination. At the regular meeting a closed ballot shall be taken. An affirmative vote of not less than two-thirds of the active members present shall constitute an election to membership. An invitation to membership shall be extended at the next meeting.

Section (2)—Forfeiture of Membership: The executive shall be empowered to investigate any acts by a member violating the constitution or committing acts which are considered unethical or inimicable to the interests of the dental profession, and shall be empowered to suspend the said member.

The charges may be discussed at the next general meeting of the Academy and taken to a vote. A three-quarter majority vote will be necessary to expel the said member.

Section (3)—If any active member shall fail to attend three consecutive

regular meetings without excuse granted by the executive, he may be dropped from the Academy by order of the executive.

It is recognized at the time at which the constitution is drawn that in a country as large as Canada, and with a limited membership, appropriate measures for meetings and attendance will be taken. These shall subsequently be incorporated in suitable by-laws.

Article V — Officers and Executive

Section (1)—Officers. The officers of the Academy shall be the President, the President-elect and the Secretary-Treasurer.

Section (2)—Executive. The executive shall consist of the President, two Past Presidents, the President-elect, the Secretary-Treasurer and a maximum of six members at large.

Section (3)—President. The President shall preside at all meetings and shall appoint all committees which become necessary and which are not created at regular meetings. He shall also be a member of all appointed committees. Upon the expiration of his term of office, the President shall become a member of the Executive to serve for a term of two years.

Section (4)—President-elect. The President-elect shall assume the duties of the President in the absence or disabilities of the President.

Section (5)—The Secretary-Treasurer shall keep proper minutes of the regular meetings of the Academy. He shall notify members of meetings, shall prepare the ballots for election of officers and members of council. He shall collect dues and moneys pertaining to the Academy and, upon consultation with the President, shall make such payments which are necessary for the transaction of the business of the Academy.

He shall keep a proper record of the payment of dues and shall notify the executive of members delinquent in payment of dues.

He shall present an official audit of the financial affairs of the Academy each year.

Article VI — Elections

Section (1)—Elections shall be held at each annual meeting at which time shall be elected the President, President-elect, Secretary-Treasurer and two members at large.

Section (2)—Election of officers may be made by acclamation or by written ballot. Each office shall be voted on separately. The candidate who receives a majority of the votes cast shall be declared elected.

Section (3)—Elections and installation of officers shall be accomplished during the general business meeting and shall be placed on the day's agenda.

Article VII — Meetings

Section (1)—Tentatively there shall be two meetings of the Academy per annum.

Section (2)—The annual meeting shall take place immediately preceding or

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during the C.D.A. meeting and in the same city. Semi-annual meeting shall be held immediately preceding or during the Montreal Dental Club Fall Clinic or the Toronto Academy of Dentistry Winter Clinic or such other fall meeting as the executive shall designate.

Section (3)—Special meetings of the Academy may be held after a decision by a meeting of the Executive.

Article VIII — Initiation Fee and Dues

Section (1)—Initiation fee for Active members. The initiation fee for active members shall be \$50.00 and shall be paid when the application for membership is presented.

Section (2)—Annual Dues. The annual dues for active membership shall be \$25.00.

Section (3) — Honorary and Life Members. Honorary and life members shall be exempt from payment of all fees and dues.

Section (4)—Time of Payment of Annual Dues. Annual dues shall be due and payable June 1st of each year on and after June 1, 1962. All dues shall be delinquent if not paid within three months thereafter.

Section (5)—Forfeiture of membership because of Non-Payment of Dues: A member delinquent in the payment of his dues shall automatically forfeit his membership in the Academy at the beginning of the next regular meeting of the Academy provided notice of his delinquency shall have been served upon him by registered mail.

The notice shall set forth the contents of Section 4 in article 8.

Section (6)—Reinstatement of Non-Payment of Dues. Reinstatement of a member in the Academy who has been dropped for non-payment of dues, may be made at the discretion of the Executive.

Section (7)—Fees for annual and semi-annual meetings shall be determined annually by the Executive.

Article IX — Order of Business of Meetings

1. Meeting called to order.
2. Reading of minutes of previous meetings.
3. Reading of minutes of Executive meetings held since the last meeting of the Academy.
4. Announcements.
5. Reports of President and Secretary-Treasurer.
6. Reports of Committees.
7. Election of Members.
8. Unfinished business.
9. New Business.
10. Election of Officers.
11. Date of next meeting.

Article X — Quorum

Ten active members shall constitute a quorum at a regular or special meeting of the Academy.

Article XI — Amendments

Amendments to the By-laws, may, upon recommendation of the Executive, be made at any annual meeting by a two-third majority vote of the active members present.

However, the membership shall be notified of the proposed amendment in writing not less than thirty days prior to the regular meeting.

Article XII — Guests

Section (1)—Attendance at meetings of the Academy, by other than members as laid out in Article III, shall be by invitation only.

Section (2)—Guests may be invited, by the Secretary only, to attend an annual or semi-annual meeting.

Section (3)—Each active member may invite two guests to such meetings.

Section (4)—No individual may be a guest more than once in three (3) years, except by special invitation of the Executive.

Section (5)—Requests from active members for invitations for guests must be received by the Secretary not less than thirty (30) days before the meeting.

Section (6)—Guests will be required to pay the same fee, as active members, required for the meeting.

Section (7)—Members of a local arrangements committee, who are not members of the Academy, but who aid in the preparation for the production of the meeting shall be admitted without paying fees.

COMMENT AND ACTION

1-2. Information.

3. (a) Information.

(b) Information.

(c) Agreed.

(d) Agreed.

(e) Information.

(f) Information.

4. Information.

5-6. Agreed.

7. Concur and commend the sub-committee.

Whereas the contribution by exhibitors to the national convention is substantial, and

Whereas the regular participation of such exhibitors in national meetings is most desirable and the subject of our concern, and

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Whereas there appears to be developing at national conventions a tendency for some commercial firms to expend large sums, much of which contributes to the social program, and

Whereas the original purpose of the national convention does not endeavour to show profit, be it resolved

That the Executive Council establish a policy in regard to exhibitors and all other commercial firms offering financial participation in CDA annual conventions.

ADOPTED

Whereas the headquarters staff are to be commended for their efforts to expedite the reports for the annual meeting and their subsequent distribution prior to said meeting, and

Whereas the many demands for action necessitated by social and governmental demands is becoming more prevelant, and

Whereas the corporate bodies feel the need for deliberation upon proposed actions to be considered at the annual meeting, and

Whereas the minutes of the Executive Council meeting in February which contain many pertinent priority issues are not published, be it resolved

That the date for submission of all reports be advanced to an earlier date to allow time for proposals to be considered by the corporate bodies.

ADOPTED

8. Information.

9. (a) Concur.

(b) Concur.

(c) Agreed.

10. Be it resolved

That the statement of the Canadian Dental Association on the Recommendations of the Royal Commission on Health Services be adopted, as amended, and

That it be transmitted to the appropriate authorities to replace the interim draft.

ADOPTED

11. Concur.

12. Concur. The report is to be returned to the advisory subcommittee on insurance for revision.

13-29. Information.

30. Whereas the Board of Governors at this meeting have already recognized Prosthodontics as a dental specialty in Canada, and

Whereas through the report on Specialists and Specialization this Association has agreed that the Canadian Academy of Prosthodon-

tics is the representative society of Prosthodontists in Canada, therefore be it resolved

That this Association recognize the Canadian Academy of Prosthodontics as a section of the Canadian Dental Association.

ADOPTED

31-35. Agreed.

36-37. Information.

We recommend adoption of the report of the Executive Council.

APPROVED

Special resolution from the floor:

Whereas there was an inestimable volume of work involved in the preparation and submission of

- (a) The CDA brief to the Royal Commission on Health Services, and
- (b) The CDA's statement on the report of the Royal Commission on Health Services, and

Whereas the result of the overall task will influence not only the health of the Canadian public, but also the future of dentistry, and

Whereas the individual and combined effort of those involved can never receive adequate recognition, therefore be it resolved

That we record our grateful appreciation to

- (1) the officials and staffs of the CDA headquarters and the provincial dental bodies across Canada
- (2) the provincial committees involved in the preparation of briefs and in the study of the Hall Report
- (3) the concerned committees of the CDA; and further

That Drs. Clappison, Anderson, McIntosh, Dunn and Bilkey be singled out for especial commendation.

ADOPTED

FUND FOR DENTAL EDUCATION

TRUSTEES: *James D. McLean, Chairman, Halifax; M. E. Bower, Vice Chairman, Toronto; Louis P. Lepine, Montreal; Wesley P. Munsie, Vancouver; Harvey W. Reid, Toronto.*

REPORT

1. The Trustees appreciate the opportunity to make a direct report to you again on the Canadian Fund for Dental Education. It is anticipated that the Annual Report of the Fund will be printed for distribution within the next few weeks, and each of you will be receiving a copy. In the meantime, this account will provide a summary of the highlights of the year's activities for you, and an opportunity for your Association to make comment and to offer suggestions to the Trustees so that fulfilment of the objectives which our two organizations have in common may be attained.
2. At the Annual Meeting, which was held at the Canadian Dental Association Headquarters on March 2nd, 1965, it was noted that the second year of the Canadian Fund for Dental Education had been marked by modest yet definite progress. Total gifts during 1964 amounted to \$37,525, an increase of \$12,510 over the first year. A part of this difference, however, is attributable to a double grant from one of the corporate donors and arose from a difference between their fiscal year and that of the Fund. The audited financial statement shows receipts to December 31st, 1964, of \$63,376.20, including funds on deposit from the previous year. Disbursements amounted to \$7,515.30, leaving \$55,860.90 either as invested funds or on deposit, but against which there are outstanding 1964 commitments for Fellowship Grants. Moreover, from this small amount all grants for 1965, the exceedingly modest operating expenses, and the very essential capital reserve funds must be drawn.
3. Analysis of the source of donations provides additional encouragement. The number of contributors increased more than three-fold during 1964, and donations to the Living Memorial Fund were six times higher than the previous year. It is gratifying to know that more and more individual dentists and dental societies are making donations to the Living Memorial Fund as a suitable means to pay tribute to departed friends and colleagues while, at the same time, assisting the development of Dental Education in Canada. A number of dental societies have adopted the policy of making block grants rather than several individual donations to the Living Memorial Fund, in order to expedite notification of their remembrance.
4. While there is no wish to single out individual contributors, one or two examples illustrate another encouraging sign, the increasing diversity in the sources of donations. This year, for the first time, one of the professional fraternities made a grant to the Fund, and the Canadian Dental Service Plans Incorporated, a non-profit organization, donated surplus funds to further enhance dental education in Canada. An additional helpful service was a dentist's contribution to the Fund in recognition of a particular honor awarded to one of his colleagues.
5. While recognizing the necessity to establish stability by building a

capital reserve as rapidly as possible, the Trustees were pleased to be in a position to make initial grants during 1964. Having sought advice and recommendations of the Deans of the several Canadian dental schools, the Council on Education of the Canadian Dental Association and others, it was decided that the most immediate and pressing need of dental education was for training grants to stimulate an increased supply of dental teachers. Each dental school was invited to support applications for such training grants. Unfortunately, it was not possible to assist all of the worthy applicants.

6. To assist the Trustees in making their selections, a three-man Advisory Committee was appointed consisting of:

Dr. Jean-Paul Lussier, Doyen de la Faculte de Chirurgie Dentaire de la Universite de Montreal, former Chairman of the Council on Education of the Canadian Dental Association, and Chairman of the Associate Committee on Dental Research of the National Research Council.

Dr. Mervyn Rogers, Associate Director of Clinical Facilities of McGill University.

Dr. Ralph Connor, Director of the Dental Division, Department of National Health and Welfare.

7. It is reported with pleasure that these gentlemen have generously agreed to act as advisers for the ensuing year.

8. Recipients of Canadian Fund for Dental Education Fellowship Grants for 1964 were:

Kenneth Chessar Bentley, D.D.S., M.D., C.M. (McGill University)—to pursue graduate studies in oral surgery at Bellevue Hospital, New York City.

Victor Nathan Drenfeld, D.D.S., (University of Toronto)—to pursue graduate studies in oral surgery leading to M.S.D. degree at the University of Illinois.

Russell George Stephens, D.D.S., (University of Toronto)—to pursue graduate studies leading to M.S. degree in periodontology at the Ohio State University, School of Dentistry.

9. It is anticipated that these gentlemen will return to teaching positions at McGill, Toronto and Dalhousie respectively.

10. At the Annual Meeting in March, 1965, the Board of Trustees considered further applications for Fellowship support. Unfortunately, again it was not possible to accede to all of the requests, but it is a pleasure to report that Drs. Bentley, Drenfeld and Stephens have been awarded grants to continue their studies through the coming academic year. In addition, initial grants were approved for George Albert Zarb, B.D.S. (Malta), M.Sc.D. (Michigan), D.D.S. (Michigan), proceeding on graduate studies at Ohio State University in the field of prosthodontics, and for Richard Charles McClelland, D.D.S. (Alberta), who is proceeding on graduate studies in prosthodontics at Ohio State University.

11. Consideration was also given to requests from the dental schools for other forms of support, related to specific and somewhat varying projects

FUND FOR DENTAL EDUCATION

within the several schools. In response, a \$1,000 block grant was made to each of the Canadian Faculties, to be used at the discretion of the Dean, in order to assist in meeting some of the more pressing needs of their particular school. Thus, each of the Canadian dental schools is now receiving direct support from the Canadian Fund for Dental Education. It is certain, however, that the Fund yet cannot provide much of the required support which will enable the schools to undertake projects of significant merit and for which assistance is not available from other sources. Therefore, the Trustees urge not only continuing and extended support from the profession and allied corporations, but will seek to broaden the sources of support, throughout the coming year.

12. It would seem appropriate to make some reference to the report of the Federal Government Royal Commission on Health Services. It is true that the recommendations of the Royal Commission concerning support for dental education, if adopted, would provide most of the urgently needed resources. It is also clear, at least to the administrators of the dental schools and to the Trustees of the Fund, that there still will be a need for the services which can be afforded through this voluntary organization. Special projects not meeting the usual formal regulations of University and Government agencies, and potential teachers who have unusual needs in attempting to undertake advanced study, are but two examples of the manner in which the Fund can be of exceptional service. The Trustees will continue to ensure that the resources of the Fund are used only to support the most worthy projects and those for which no other source of assistance can be found.

13. Another significant development which took place this year will be of interest to your Board. Following a suggestion received from representatives of the Fund for Dental Education in the United States, and at the particular instigation of Mr. Andrew M. Howe, President of the William Wrigley Jr. Company in Chicago, keen supporters of the United States Fund, an opportunity was provided for our Trustees to meet with Mr. Wayne Body, President, and his assistant, Mr. R. A. Conyngham of the William Wrigley Jr. Company in Canada. As a direct result of this meeting, the William Wrigley Jr. Company of Canada made a generous contribution to the Fund. Of greater significance, however, was their readily accepted offer to place at our disposal the services of Arthur Meyerhoff and Company Limited, the advertising agency of the Wrigley Company. The immediate and direct result of this offer was that the Arthur Meyerhoff Company Limited was appointed as the advertising agency of record for the Canadian Fund for Dental Education. This action involves no expense to the Fund, but it does provide a considerable amount of valuable services at the expense of the William Wrigley Jr. Company.

14. Mr. Herbert Rautenberg of the advertising agency met with the Trustees, and is continuing to meet with the Public Information Committee in order to develop plans and publications. Before moving to Toronto early in 1965, Mr. Rautenberg had direct experience with the operation of the Fund for Dental Education in the United States, and thus he will be unusually valuable to us.

FUND FOR DENTAL EDUCATION

15. Before leaving this subject, it must be noted that Mr. Body made it abundantly clear to the Trustees that the Wrigley Company does not wish to have any recognition or publicity about their interest and support of the Fund.

16. The Trustees wish to express to the Board of Governors of the Canadian Dental Association their particular appreciation for the generous grant which was made again for 1965. Without such tangible support from organized dentistry, it is certain that the development of the Fund would be greatly restricted in many ways. Assurance is therefore given of our deep and grateful appreciation for your help.

17. Finally, if it is true that "success builds on success", it seems reasonable to assume that the Fund will grow into a most significant source of development and encouragement for dental education in Canada. In a large measure, however, this will depend upon the active interest and direct encouragement of the individual members of the dental profession in this country.

This report is for information only and was not studied by a reference committee.

HEADQUARTERS PROPERTY

MEMBERS: *R. P. Lowery, Chairman, Toronto; H. W. Reid, Toronto; G. V. Fisk, Toronto.*

REPORT

1. Your committee is pleased to report that all alterations and repairs have now been completed at 234 St. George Street.
2. We sincerely believe that your executive offices and staff now have second-to-none accommodation, which is sure to reflect to the benefit of our national association.
3. May I say a large "thank you" for the privilege of acting as chairman of this committee for these many years. My association with Drs. Reid and Fisk, your committee members, has been a continued delight and to them I say "all the best for the future".
4. In speaking of the future might I suggest that now is the time to be at least thinking of the days ahead.
 - (a) Our very valuable property will, I feel, in the perhaps not too distant future, be sought for, say, high rise apartments.
 - (b) Where do we accommodate additional staff?

I suggest that the Board of Governors direct your Headquarters Committee (not necessarily a Royal Commission) to make a study of these eventualities.

5. Au Revoir.

COMMENT AND ACTION

1. Information.
2. Noted with commendation.
3. Noted.
4. Agreed.
5. Whereas Dr. R. P. Lowery has given many years of devoted and dedicated service to organized dentistry and to the Headquarters Property Committee, and
Whereas the realization of our national headquarters was due in large measure to his vision and foresight, and
Whereas as required by our constitution his term of office on the Headquarters Property Committee terminates with this meeting, therefore be it resolved
That this association recognizes his many years of outstanding service to his profession with deepest gratitude and appreciation and extends to Dr. Lowery its sincere thanks, and cordial good wishes for a happy retirement.

ADOPTED

We recommend the adoption of the report of the Headquarters Property Committee.

APPROVED

MEMBERS: *A. A. Antoni, Chairman, Toronto; T. B. Van de Mark, Toronto; A. S. Brown, Toronto; D. M. Wallace, Agincourt; C. H. Moses, Toronto; C. Cummings, Ottawa; A. Raymond, Montreal; J. A. Pedler, Toronto.*

REPORT

1. There were three meetings of this committee, held at C.D.A. Headquarters, during the year ending April 1965.
2. The committee dealt with thirty-six pieces of correspondence at these meetings. The chairman, himself, dealt with several other letters and enquiries on his own.
3. During the year, the Dental Services of the Scarborough General Hospital, Scarborough, Ontario, and of the Notre Dame Hospital, Montreal, Quebec, were approved. The committee also dealt with an application for approval of an Internship Program at the Ottawa Civic Hospital. This was passed on to the Council on Education with appropriate recommendations.
4. This committee spent considerable time studying certain specific sections of the Report of the Royal Commission on Health Services which pertain to hospital dentistry, and the activities and privileges of dental personnel affected. The committee found certain discrepancies, ambiguities, and actual discriminations in the Royal Commission's Report. It provided the Steering Committee with its comments and recommendations on these matters.
5. The committee feels that the Canadian Dental Association brochure on hospital dental services should be revised. A section on procedure and hospital technique would be a very worthwhile addition.
6. This committee feels that the Canadian Dental Association policy for inspecting and assessing dental services and internship programs in hospitals should be revised and defined.
7. The chairman takes this opportunity to express his thanks for being afforded the privilege to serve this committee in that capacity for two terms. He has certainly enjoyed the work and he is truly appreciative of all the help and sympathetic understanding he received from his colleagues on the committee, on other committees and councils and from the Canadian Dental Association Board of Governors and Executive Council.
8. This committee congratulates Dr. W. Dunn on his appointment as Dean of the new dental school at University of Western Ontario. Dr. Dunn has always been a great source of inspiration and help to the work of this committee.

Recommendations

9. That representation from the Board of Governors, Canadian Dental Association, the Council on Education and this committee concern themselves promptly with formulating a policy of inspecting and assessing dental services and training programs in hospital.

HOSPITAL SERVICES

10. That this policy should be published and be made available to all interested and concerned persons.

11. (a) This publication should lay down the essential requirements and desirable features that a hospital and its dental department must have to merit approval of its service and training program.

(b) It should spell out the mechanics involved in making application for approval, i.e. necessary forms that need to be filled out and to whom they should be submitted.

(c) It should advise regarding arranging and scheduling the hospital visit for inspection and evaluation.

(d) The different types of hospital dental internships should be described, e.g. the nature of the difference between a rotating and a straight internship.

(e) Supervision of a dental service and of a training program should be outlined.

(f) Relationship of the dental department with other departments in the hospital should be defined.

12. This committee recommends that all provinces should establish hospital dental services committees. The name of the chairman should be made available to the Canadian Dental Association. These provincial committees should play a significant role in collecting data on hospital services and internships in their area. The provincial committees could well be made responsible for visiting the hospitals and submitting reports containing an evaluation of the various services, internships and other aspects of the teaching programs. This would greatly help their committee and the Council on Education in dealing with applications for approval.

COMMENT AND ACTION

1-2. Information.

3. Approved.

4. Information.

5. Agree and recommend that the committee take the proposed action.

6. Agree. Refer to paragraphs 9, 10 and 11.

7. Noted. Dr. Antoni's long and faithful service to this committee is noted with great appreciation.

8. Dr. Dunn's activity in support of the objectives of this committee is well known to, and greatly appreciated by, the Board.

9. It is recommended that the Hospital Services Committee be urged to organize a committee composed of representation from the Council on Education and the Hospital Services Committee to formulate policy regarding inspection and assessment of dental services and training programs in hospital.

10. Agreed.
11. Agreed, and other pertinent material should be included in this publication.
12. Whereas hospital dental services have become of increasing importance in recent years and,

Whereas various proposals including those of the Hall Report have added emphasis to this trend and,

Whereas it is desirable and necessary that hospital dental services across the country bear measurable similarity to one another and,

Whereas the Hospital Services Committee of the Canadian Dental Association can only function effectively in assessing hospital dental services across the country with the assistance and cooperation of parallel provincial organizations, therefore be it resolved

That the Canadian Dental Association recommend to all its Corporate Members that they establish hospital services committees and further be it resolved

That the Canadian Dental Association recommend that the hospital services committees of the Corporate Members work in close harmony with the Canadian Dental Association Hospital Services Committee and to this end supply the names of their hospital services committee chairmen to the Canadian Dental Association headquarters.

ADOPTED

We recommend the adoption of the Hospital Services Committee report.

APPROVED

^rMEMBERS: *J. D. Purves, Chairman, Toronto; E. R. W. Bilkey, Toronto; J. A. Fortier, Montreal; J. M. Phillips, Oshawa; A. H. Leckie, Hamilton; H. H. Canning, Toronto.*

REPORT

1. The integration of French and English sections of the Journal has resulted in many favourable comments. In addition to the extra space provided by the elimination of the French mast head, the flexibility created in terms of more effective and economical use of editorial space has been reassuring.
2. The resignation in October of Dr. Gerard de Montigny who has been the editor of the French section of the Journal for the past eighteen years was regretfully accepted. Dr. de Montigny's position as Assistant Dean, Faculty of Dentistry, University of Montreal, has placed heavy demands which have initiated his resignation. The contribution of Dr. de Montigny to Canadian journalism assures for him a prominent place in the annals of Canadian dentistry. The Council wishes to thank him for his valued services and wish him well for the future.
3. The quality and costs of reprints continue to be a problem to this Council. High costs and quality are irrevocably associated with limited publication and the printing of 7500 copies is a modest number of issues for a quality Journal.
4. The year has ended with a profit recorded in the unaudited range of \$2350. Prospects for 1965 appear favourable unless an increase in printing costs dim these prospects. An increase in advertising rates might be considered later on this year.
5. The resignation of Dr. de Montigny as Editor of the French content of the Journal initiated a difficult policy problem. After consideration of four possible approaches to the problem, the council adopted one wherein Dr. Compton in his bilingual capacity was to edit both English and French content; employing a bilingual secretary to assist him on this assignment. This arrangement was unsatisfactory to the College of Dental Surgeons of the Province of Quebec who wished the retention of a French dentist as editor of the French content. It became necessary therefore to enunciate the role of the editor-in-chief as a policy decision and to recommend the appointment of Dr. Georges Pelletier as associate editor of the French content of the Journal assisted by a part time bilingual secretary. This arrangement was to be reviewed again prior to the Annual Meeting in 1966.
6. Adjustments to the Council on Journalism budget for 1965 are necessary to meet this new decision.
7. The resignation of Drs. Crete, Simard and Tessier as associate editors in the Province of Quebec has been received. The Council wishes to record its thanks to these men for their services on behalf of the Journal.
8. The Council wishes to alter the terminology of Associate Editors within each province. These men gather news of local and provincial nature within

their province. The new terminology would suggest that they be called "correspondents".

9. The Council would be remiss if it did not recognize the co-operation and devotion embued in its editor for his tireless efforts in upgrading the *Journal*. Mr. Gordon Allen, the publisher, implements the wishes of the Council and offers his publishing talents to our association unstintingly. We welcome Dr. McIntosh as the new Managing Director, replacing Dr. Gullett.

Appendix A

REPORT OF EDITOR

1. The material published during 1964 in the *Journal* is shown in the accompanying table.

2. Sixty-four English professional papers (articles, case reports, annotations) were submitted to the *Journal* last year. Ten were considered unsuitable for publication and returned to their authors. The remainder were published. Twenty-two French professional papers were published.

3. Distribution of editorial content during 1964 was as follows: 73 per cent English; 27 per cent French. Comparative figures for 1963 were: 76.5 per cent English; 23.5 per cent French.

4. Overall page content in 1964 (830 pages) was slightly down from 1963 (844 pages) and reflects a continuing control of the size of each issue. Average per-issue content during 1964 was 69 pages.

5. The supply of material submitted for publication during the past year continued to increase. The growing volume of material awaiting publication, of necessity, results in delay between the acceptance of articles and their appearance in print. It is not possible to remedy this situation by publishing a larger number of articles in each issue without incurring financial losses, since the economy of the *Journal* rests on the delicate balance between the number of pages devoted to advertising and the number assigned to non-revenue producing editorial material. Advertising revenue defrays approximately 80 per cent of expenditures in the budget of the Council on Journalism. In 1964 *Journal* advertising revenue and lineage experienced its second best year of the last 15. Current prospects look good for 1965, but we face a possible increase in printing rates which may necessitate an increase in advertising rates. This, in turn, could precipitate a withdrawal of some advertising and a possible drop-off in advertising revenue. For this reason the space now available in the *Journal* is strictly limited and will remain so until the volume of acceptable advertising material increases.

6. The special symposium on operative dentistry, which appeared in May 1964, has proved to be the most popular of the special editions published to date. Also noteworthy, at least from the point of view of historic significance and nostalgic sentiment, was the December issue commemorating the retirement of the former Association secretary.

7. (a) It is a pleasure to report that readers are exhibiting greater interest in the editorial policies of the *Journal of the Canadian Dental Association*. This concern is particularly directed to the criteria governing the acceptance of controversial articles and to the editor's freedom to comment on controversial topics. Your editor welcomes all expressions of critical and

constructive interest and he hopes that the following comments may answer some of the enquiries that have come his way in recent weeks.

Controversial Articles

(b) Although some professional association journals will not print articles that express opinions that are at variance with the adopted policies of their associations, the *Journal of the Canadian Dental Association* has never denied its pages to an author simply because his views are at variance with those of the Canadian Dental Association.

(c) The editor believes it is wrong to refuse publication to an article merely because the views expressed therein are not in harmony with the adopted policy of the Association. This does not imply, however, that the *Journal* must provide an open passport to publication of all articles that purvey opinions and observations of persons who disagree with Association policy. Disagreement per se does not constitute adequate grounds for acceptance of a communication which, for good and valid reasons entirely distinct from and unrelated to its departure from established policy, fails to measure up to standard of suitability for the printed page that are required of any article for publication.

(d) Anyone who submits an article to the *Journal* must be prepared to accept the fact that it will be subjected to the same process of evaluation that is applied to all other communications. This means that the views he advances must be supported by correct and factual evidence required of any author. It is wrong to assume that because he chooses another way of presenting his views an author can dispense with these essentials.

(e) The wide range of subject matter submitted to a general professional association journal makes it necessary to seek advice from a very large spectrum of consultants. Therefore, like editors of other leading general journals (Canadian Medical Association Journal, Journal of the American Dental Association, British Dental Journal, Journal of the American Medical Association), the C.D.A. editor submits articles to consultants drawn from a list of knowledgeable experts in their respective fields. This list of editorial consultants is a large one and it changes continuously.

(f) No general professional journal discloses to an author the names of consultants who have reviewed his article (unless the consultants give specific permission). The reason is obvious: most consultants are pleased to render a service to the journal concerned, but they certainly have no wish to become embroiled in controversy with authors who choose to interpret critique as a personal affront.

(g) The C.D.A. editor has no objection to publishing once a year a list of consultants and other persons who have served the *Journal*. He would do this as a token of recognition for their services. But he is completely opposed to the revelation of a consultant's identity to an author. There is no better way of losing the services of consultants and thereby destroying the stature of the *Journal* than by adopting such a policy.

Editorial Policy

(h) Editorial themes are usually tangential to the prime activity of the profession. These tangential items are scientific topics, historical material, public relations, legislative problems, economic problems, ethical problems,

organizational matters, relations with affiliated groups, research and training aspects, philosophical excursions, and even semantic or terminological problems.

(i) The purpose of an editorial is to provide an overview of problems that worry or interest readers and writers. Editorials that present sidelights or philosophic observations on controversial issues can help the reader gain a clearer understanding of developments that may affect the course of dental practice. It is therefore the duty of an editor to focus attention on such issues and to help form opinion through his editorials (C.D.A. Transactions 1960: 6, 7, 10, 11). That is one of the main reasons why he was selected as editor. Admittedly, this does not confer on an editor the right to contest every decision that his association has taken. But neither does it allow him to avoid comment on controversial questions, lest it be said that he either lacks the qualifications for his office or fails to discharge his duties in the manner expected of him.

8. The editor regretfully records the loss of the highly valued and generously given services of Dr. Gerard de Montigny as French editor of the *Journal* to which he has contributed so materially for the past 18 years.

9. Finally, the editor again acknowledges with gratitude the invaluable services of the editorial consultants and a faithful band of contributors of news items, book reviews and reports of important dental meetings.

MATERIAL	ITEMS			PAGES		
	Eng.	French	Com- bined	Eng.	French	Com- bined
Professional Papers ..	54	22	76	310½	129	439½
Abstracts	9	8	17	5	3½	8½
Editorials	28	11	29	40¼	22¼	62½
Bureau-Committee- Council reports ...	7	7	14	22	22	44
Feature Report (Royal Commission on Health Services)				6		6
News				127½	43	170½
Correspondence	22	3	25	16	1½	17½
Book reviews	28	2	30	15	1	16
Death Notices				10½		10½
Additions to the Library				4		4
Conventions				17		17
C.D.A. Retirements Savings Plan				4	4	8
Income Tax	1		1	4		4
Announcements				11		11
Annual Index				8	3	11
Total Editorial Matter				600¾	229¼	830

JOURNALISM

COMMENT AND ACTION

1. Information.
2. Whereas Dr. Gerard de Montigny has served as editor for the French content of the Journal of the Canadian Dental Association for the past 18 years, and
Whereas he has made a signal contribution to dental journalism in Canada, therefore be it resolved
That the secretary write Dr. de Montigny to express the thanks and appreciation of the Canadian Dental Association in recognition of his services.

ADOPTED
- 3-4. Information.
5. Information. Resolution:
That the Canadian Dental Association extends a warm welcome and best wishes to Dr. Georges Pelletier on his appointment as French Associate Editor of the Journal.

ADOPTED
- 6-7. Information.
8. Concur.
9. Agreed with appreciation.

Appendix A

- Note information in paragraphs 1-4, 6, 8 and 9.
 - We recognize the problems outlined in paragraph 5 and concur with the procedure outlined therein.
 - We recommend acceptance of the principles outlined in paragraph 7 as guidelines for editorial policy.
 - We recommend the adoption of the report of the Council on Journalism and Appendix A.
- APPROVED

MEMBERS: *A. H. Crowson, Chairman, Ottawa; F. K. Currie, New Westminster; J. B. Rumberg, Winnipeg.*

REPORT

1. Registrars of all corporate members have provided this council with information concerning legislative changes in their respective provinces which have occurred within the past year. These changes are summarized in this report.

2. In British Columbia, two unfavourable bills were introduced to amend the dentistry act and the dental technicians act. Although the bills did not proceed beyond first reading before the legislature prorogued, their sponsor has made it clear that he will make another attempt at the next session.

3. (a) The by-laws of the Alberta Dental Association were amended to (1) incorporate the elections regulations which had been removed from the Dental Association Act in 1964, and (2) incorporate a section on group practices which is identical to the CDA ethics amendment adopted by the Board of Governors in June 1964.

(b) The Dental Mechanics Act was amended to delete the requirement for a certificate of oral health prior to the construction of full dentures by mechanics. This amendment was sought by the Alberta Dental Association.

4. A committee of the Manitoba legislature studied problems related to dental technicians but has been unable to report any recommendation. It is not known when further action will be taken.

5. In Ontario, two by-law amendments concerning telephone listings and group clinics were made.

6. The dental profession in Nova Scotia assisted in obtaining amendments to the dental technicians act in the section concerning the Nova Scotia Dental Technicians Association.

7. No other legislative action has been reported to this council. Registrars of corporate members have provided the information which is summarized above, and appreciation is hereby extended to them.

8. As noted above, legislative changes during the past year have been few and mostly of a minor nature. However, constant vigilance is necessary to seek out and oppose any proposed legislation which may be detrimental to the dental welfare of the public, (e.g. Bills 85 and 86 which have been recently submitted to the Legislative Assembly of the Province of British Columbia.)

9. The Executive Council on June 28, 1964, named a committee of two of its members to study possible activities of the Council on Legislation, including a review of the subject of a legal bureau at headquarters, and to report to the Executive Council.

10. This committee brought its recommendations to a meeting of the Ex-

LEGISLATION

ecutive Council in February 1965, and the Executive Council proposed a revision of C.D.A. By-laws, Article IX(e). (See report of Council on Constitution and By-laws.) This council concurs with the proposed revisions as recommended by the Executive Council.

11. The question of the formation of a legal bureau at headquarters was considered by the Executive Council and again deferred. This council respectfully suggests that this problem be periodically reviewed until such time as the formation of such a bureau is opportune.

12. A brief with respect to dental treatment for Sick Mariners was presented by members of the New Brunswick Dental Society for possible action. After considerable negotiation between Federal Medical Officers and the Chief, Dental Health Division, Department of National Health and Welfare, arrangements re dental care for Sick Mariners were completed. (See Appendix A.)

13. This council wishes to thank the Council on Legislation of the American Dental Association for advising us through their bulletins of legislative matters pertaining to dentistry in United States.

14. Again the sincere thanks of this Council to all provincial registrars, the secretary and deputy secretary of the C.D.A. for their assistance in compiling this report.

Appendix A

SICK MARINERS SERVICE

The new arrangements regarding dental care for Sick Mariners are as follows:

The port medical officer will designate the service to be provided by the dentist as 'Emergency Dental Care', not 'Extractions'. This allows the dentist to make his own diagnosis and could occasionally mean a plastic or similar type of restoration.

The fee allowable will be the provincial fee pro-rated ten per cent. If there is more than one item charged, then it is the total that is pro-rated. The pro-ration is to be done by the dentist himself.

With this general improvement in the fee, the accounts will be scrutinized a little more carefully. For example, extraction of eight to ten teeth cannot be considered an emergency unless trauma is involved or some plausible reason is quoted:—under such conditions an explanation must accompany the account.

In regard to an interpreter accompanying the patient to dental offices, the department cannot be responsible for this arrangement, but will suggest to the ship concerned that the above be carried out whenever possible.

COMMENT AND ACTION

- 1-5. Information.
6. Noted with approval.
7. Information.

LEGISLATION

8. Agreed.
- 9-10. Noted with commendation.
11. Agreed.
12. Information and the following resolution is presented:
Be it resolved that the Canadian Dental Association hereby records
its opposition to the principle of pro-rating dental fees.

ADOPTED

13. Agreed.
14. Noted with approval.
We recommend the adoption of the Council on Legislation report.

APPROVED

LIBRARY

TRUSTEES: *E. R. W. Bilkey, Chairman, Toronto ; Remy Langlois, Quebec;
W. G. McIntosh, Toronto.*

REPORT

1. Growth of the library, in size and in usefulness to the membership, continues. The library contains over 3,700 volumes and almost 300 different periodicals. In the past year, 129 textbooks, 14 periodicals, and 11 newsletters have been added.
2. Circulation increases over the year show 16 per cent for books, 14 per cent for films, and over 100 per cent for periodicals.
3. A supplement to the library catalogue is now available. It lists 527 new items since publication of the catalogue.
4. In the absence of donations (which are income tax deductible) to the library trust fund, the library continues to be financed by the association.

COMMENT AND ACTION

1. Noted with approval.
2. Noted with interest.
3. Information.
4. It is recommended that the members be reminded, probably through the Journal, that donations are needed and are tax deductible. Also that the Journal be used to remind members of the existence of the Library, that catalogues are available on request and information on how books and material can be secured and the library services used. It is also recommended that appreciation be expressed to Miss Gagnon, Librarian-in-Charge for her valuable services and congratulations on her appointment to full time responsibility for the library. It is recommended that the report on the Library be adopted.

APPROVED

MEMBERS: *F. H. Compton, Chairman, Toronto; W. R. Upton, Vancouver; G. E. Decker, Edmonton; F. R. Smith, Saskatoon; W. G. Campbell, Winnipeg; K. F. Pownall, Toronto; R. M. LeBlanc, Montreal; M. J. Crompton, Moncton; G. M. Dewis, Halifax; G. D. Barrett, Charlottetown; G. P. French, St. John's.*

REPORT

We regretfully record the death of the following members since the last annual meeting of the Canadian Dental Association. We pay tribute for the contributions they have made toward the advancement of the profession and their service to the public.

Adams, Harold—R.C.D.S. '21	Beamsville, Ont.
Aiken, John Bolton—R.C.D.S. '13	Red Lake, Ont.
Archibald, Ralph Benson—North Pacific '24	Vancouver, B.C.
Atkins, Alan Douglas—U. of T. '52	Toronto, Ont.
Baker, Frederick Francis—R.C.D.S. '24	London, Ont.
Banfield, Harry Sommerville—U. of T. '43	Toronto, Ont.
Beaudry, Romeo—U. of Montréal '24	Trois Rivières, P.Q.
Box, Robert Muirhead—R.C.D.S. '16	Toronto, Ont.
Broadworth, Robert Thompson—R.C.D.S. '21	Toronto, Ont.
Brown, Frederic William—Bishop's College '96	Westmount, P.Q.
Caldbeck, Laverne Ward—R.C.D.S. '22	Winnipeg, Man.
Case, Archibald Alexander—U. of T. '41	Waterloo, Ont.
Casson, Roy Arthur—Baltimore College '15	Truro, N.S.
Cavanaugh, Matthew Herbert—N.B. Act '42	Saint John, N.B.
Cerswell, James Andrew—R.C.D.S. '02	Toronto, Ont.
Chegwin, Arthur Edward—R.C.D.S. '19	Regina, Sask.
Clappison, Ormond Spencer—R.C.D.S. '08	Toronto, Ont.
Comtois, J. Azellus—U. of Montréal '27	Montréal, P.Q.
Connell, Egbert William—U. of T. '26	Kingston, Ont.
Cooke, Allan Roy—R.C.D.S. '23	Kingston, Ont.
Cote, Paul Arthur—U. of T. '39	Ottawa, Ont.
Crysler, Percy Elgin—R.C.D.S. '13	Simcoe, Ont.
Derbyshire, Aubrey Oscar—R.C.D.S. '21	Bolton, Ont.
Dill, Arthur Almon, Baltimore College '06	Windsor, N.S.
Dodds, Lee R.—R.C.D.S. '21	Edmonton, Alta.
Dunlop, Robert—R.C.D.S. '22	Toronto, Ont.
Dunsmore, Robert J.—L.D.S. Man. '13	Stonewall, Man.
Fisher, Thomas Arthur—U. of T. '60	Toronto, Ont.
Fyfe, Alexander Allan—U. of T. '29	Toronto, Ont.
Geddes, William Howard—R.C.D.S. '06	Vancouver, B.C.
Germain, Claude—U. of Montréal '51	Mont-Laurier, P.Q.
Gower, Elwood Delain—U. of T. '36	Meaford, Ont.
Greenberg, Hymie—Baltimore College '22	Winnipeg, Man.
Hagerman, Robert Barry—U. of Pennsylvania '03 ...	East Florenceville, N.B.
Hartley, William Almot—R.C.D.S. '20	Nassau, Bahamas
Henderson, Henry James—North Pacific '09	Victoria, B.C.

NECROLOGY

Humphrey, Fred Emerson—R.C.D.S. '16	Burlington, Ont.
Jacob, Daniel Ruby—Univ. of Minnesota '22	Winnipeg, Man.
Johnson, Max Magnus—Northwestern U. '18	North Burnaby, B.C.
Jones, Frederick Henry—R.C.D.S. '12	Toronto, Ont.
Jones, Unsworth Nathaniel—R.C.D.S. '21	Toronto, Ont.
Kerr, Oliver Sproule—U. of T. '27	Cobourg, Ont.
Krueger, Louis Frederick—R.C.D.S. '14	Toronto, Ont.
Lazure, Jean—U. of Montréal '26	Montréal, P.Q.
Lederman, Sangster—R.C.D.S. '10	Kitchener, Ont.
Lundy, Walter E.—R.C.D.S. '96	Toronto, Ont.
Mass, Bernard Phillip—U. of T. '50	Edmonton, Alta.
McDonald, William Herbert—R.C.D.S. '11	Toronto, Ont.
McLachlan, John Reginald—R.C.D.S. '20	Hamilton, Ont.
McLean, Charles Alexander—R.C.D.S. '20	Toronto, Ont.
McManus, Charles Burriss—Philadelphia '00	Halifax, N.S.
McPhee, Silvanus Prophet—R.C.D.S. '15	Orillia, Ont.
Moisan, Albert—U. of Montréal '26	Québec, P.Q.
Morton, John White—McGill '28	Montréal, P.Q.
Muir, Thomas John—North Pacific '21	Port Coquitlam, B.C.
Nadeau, Jules—U. of Montréal '26	Montréal, P.Q.
Newlove, Robert Arthur—R.C.D.S. '24	Calgary, Alta.
Nomura, Henry Masataro—Washington U. '14	Vancouver, B.C.
Oatway, Oliver Lorne—U. of Alberta '41	Red Deer, Alta.
Pearen, Percy Wilson—R.C.D.S. '23	Toronto, Ont.
Pelletier, Jean Maurice—U. of Montréal '27	Ste. Flavie, P.Q.
Potter, Victor Edward—McGill '49	St. Albert, Alta.
Reed, Leonard Harold—Tufts '18	(formerly Nfld.) Marysville, N.B.
Reid, Ernest Andrew—R.C.D.S. '20	London, Ont.
Renwick, Walter Howard—R.C.D.S. '23	Preston, Ont.
Richardson, Henry Oscar—R.C.D.S. '03	Campbellford, Ont.
Robillard, Henri—U. of Montréal '28	Vaudreuil, P.Q.
Robins, Thomas E. E.—Tufts '07	Charlottetown, P.E.I.
Rondeau, Charles William Henry—Bishop's Coll. '94	Westmount, P.Q.
Rondeau, Walter Vernier—R.C.D.S. '15	Southey, Sask.
Samuel, Philip Benjamin Newton—McGill '49	Estevan, Sask.
Saunders, Stanley Victor—R.C.D.S. '17	Smiths Falls, Ont.
Smart, Clarence C.—R.C.D.S. '21 (formerly Ottawa)	Templeton, P.Q.
Stephenson, Roy Leslie—R.C.D.S. '15	St. Catharines, Ont.
Stinson, Gordon Roy—U. of T. '32	Toronto, Ont.
Treadwell, Colin Irwin—U. of T. '30	Toronto, Ont.
Walsh, James Leonard—R.C.D.S. '15	Kingston, Ont.
Weatherhead, William Andrew—R.C.D.S. '23	Sharbot Lake, Ont.
White, Evert Leon—Northwestern U. '17	Winnipeg, Man.
Wilkinson, John McLeod—R.C.D.S. '22	Napanee, Ont.
Wilson, Henry (Harry) Andrew—R.C.D.S. '11	Cooksville, Ont.
Wilson, Richard Ernest—R.C.D.S. '23	Lindsay, Ont.
Wood, Clair Jory—R.C.D.S. '17	Sudbury, Ont.
Wright, Francis (Frank) James—R.C.D.S. '15	Toronto, Ont.

MEMBERS: *P. S. Christie, Chairman, Halifax; R. O. Brett, Regina; J. F. Edgecombe, Saint John; A. H. Leckie, Hamilton.*

REPORT

The Nominations Committee submits the following list of officers and chairmen of councils and committees.

President	— Philip S. Christie, Halifax	
President-elect	— James P. Coupland, Ottawa	
Immediate Past President	— Remy Langlois, Quebec	
<i>Councils</i>		
Executive	— P. S. Christie, Halifax, Chairman	
	— Remy Langlois, Quebec	
	— J. P. Coupland, Ottawa	1967 (2)
	— W. P. Munsie, Vancouver	1966 (1)
	— J. M. Chamard, Montreal	1967 (1)
	— W. G. Bruce, Kincardine	1968 (1)
	— H. R. MacLean, Edmonton	1968 (1)
Constitution and By-laws	— H. M. Cline, Vancouver, Chairman	1967 (2)
	— A. G. Racey, Montreal	1966 (2)
	— J. P. Whyte, Swift Current	1966 (1)
	— M. V. J. Keenan, Sudbury	1968 (1)
Education	— J. McCutcheon, Montreal, Chairman	1967 (2)
	— S. Wah Leung, Vancouver	1967 (1)
	— J. W. Neilson, Winnipeg	1966 (1)
	— O. J. Yule, Toronto	1966 (1)
	— R. V. Blackmore, Edmonton	1968 (1)
	— R. B. DeWare, Moncton	1968 (1)
	— H. W. Reid, Toronto, Adviser	
Ethics	— J. P. McGuigan, Halifax, Chairman	1966 (2)
	— H. N. Beach, Ottawa	1967 (2)
	— R. J. McCarten, Winnipeg	1967 (2)
	— E. F. Dexter, Halifax	1968 (2)
	— L. I. Duffy, Charlottetown	1968 (2)
Journalism	— J. D. Purves, Toronto, Chairman	1966 (2)
	— E. R. W. Bilkey, Toronto	1966 (2)
	— J. A. Fortier, Montreal	1967 (2)
	— H. H. Canning, Toronto	1967 (1)
	— J. M. Phillips, Oshawa	1968 (2)
	— J. R. Glenny, Toronto	1968 (1)
Legislation	— A. H. Crowson, Ottawa, Chairman	1967 (2)
	— J. Rumberg, Winnipeg	1966 (1)
	— J. A. Whyte, Ottawa	1968 (1)

NOMINATIONS

Public Health

- A. R. S. Gray, Calgary, Chairman 1967 (2)
- B. J. O'Meara, Charlottetown 1966 (2)
- D. J. Yeo, Vancouver 1966 (1)
- Yves LaFleur, St. Hyacinthe 1968 (1)
- K. W. Davey, Toronto 1968 (1)
- Advisory members:
chairmen of provincial dental
public health committees

Research

- K. J. Paynter, Toronto, Chairman 1966 (2)
- D. L. Anderson, Hamilton 1966 (2)
- R. H. Bingham, Halifax 1966 (1)
- R. V. Blackmore, Edmonton 1966 (1)
- C. D. Torneck, Toronto 1966 (2)
- G. H. Beaton, Toronto 1967 (1)
- W. R. Bruce, Toronto 1967 (2)
- R. M. Grainger, Toronto 1967 (1)
- H. S. Grey, Toronto 1967 (2)
- J. D. Spouge, Vancouver 1967 (2)
- D. C. Teskey, Toronto 1968 (2)
- M. C. Johnston, Toronto 1968 (1)
- H. G. Poyton, Toronto 1968 (1)
- A. Demirjian, Montreal 1968 (1)
- J. F. Cleal, Winnipeg 1968 (1)

Committees

Auxiliary Services

- G. C. Swann, Calgary, Chairman 1967 (2)
- L. P. Dubé, Quebec 1967 (1)
- M. Nacht, Vancouver 1966 (1)
- E. Downton, Toronto 1968 (2)
- Marjorie Jackson, Toronto 1968 (1)

Dental Services

- R. A. Clappison, Toronto, Chairman 1968 (2)
- B. M. McKenzie, Edmonton 1967 (2)
- H. G. Pettapiece, Parksville 1967 (2)
- J. Carefoot, Ajax 1967 (1)
- L. Bernier, Quebec 1966 (2)
- G. Lie, Toronto *1966 (2)
- H. J. MacConnachie, Halifax 1968 (2)
- P. G. Anderson, Toronto, Adviser
- Advisory Members:
Chairmen of provincial dental
services committees

Headquarters Property

- H. W. Reid, Toronto, Chairman 1966 (2)
- G. V. Fisk, Toronto 1967 (2)
- J. Kreutzer, Toronto 1968 (1)

Hospital Services

- D. M. Wallace, Toronto, Chairman 1968 (2)
- A. S. Brown, Toronto 1967 (2)

NOMINATIONS

	— J. A. Pedlar, Toronto	1967 (1)
	— C. Cummings, Ottawa	1966 (1)
	— A. Raymond, Montreal	1966 (1)
	— T. B. Van de Mark, Toronto	1966 (2)
	— P. T. Smylski, Toronto	1968 (1)
	— A. E. Swanson, Vancouver	1968 (1)
Necrology	— F. H. Compton, Toronto, Chairman	
	— provincial secretary-registrars	
Specialists and Specialization	— M. A. Rogers, Montreal, Chairman	1966 (2)
	— H. T. Oliver, Montreal	1966 (2)
	— J. J. McCarthy, Montreal	1967 (2)
	— J. D. Stewart, Montreal	1968 (1)
	— R. L. Scott, Brantford	1968 (1)
	— J. McCutcheon, Montreal	1968 (1)
War Memorial Awards	— L. Lepine, Montreal, Chairman	Pro Tem
	— G. Pelletier, Montreal	1967 (1)
	— D. J. Munro, Montreal	1966 (1)
	— S. Silver, Montreal	1966 (1)
	— J. Belanger, Montreal	1968 (1)

On nomination from the floor, Louis Bernier was elected to the Nominations Committee. Membership is as follows:

Nominations	— J. P. Coupland, Ottawa, Chairman	1966
	— R. O. Brett, Regina	1966 (1)
	— A. H. Leckie, Hamilton	1967 (1)
	— Louis Bernier, Quebec	1968 (1)

The figure (1) or (2) indicates first or second term ending in the year shown. An asterisk signifies an appointment to complete the term of a member who has resigned.*

ORAL SURGERY

EXECUTIVE: *Andre Charest, President, Quebec; A. E. Hoffman, President-elect, Halifax; D. H. MacDonald, Secretary-Treasurer, Toronto.*

REPORT

1. On June 25th and 26th, 1964, the meeting of the Canadian Society of Oral Surgeons, held in Edmonton, featured Mr. Terence Ward of East Grinstead, England, as our special guest and included oral surgeons from the United States and Cuba.

2. Papers were presented by:

- | | |
|-----------------------|---------------------------------------|
| Dr. M. G. Strelloff | — Closure of Oral-Antral Openings. |
| Dr. E. W. P. Luxford | — Subcondylar Fractures |
| Dr. R. S. Van Alstine | and |
| Dr. K. McMurchy | — Radiolucent Lesions of the Mandible |
| Dr. T. H. Aarons | — Allergies |

3. Much satisfaction was expressed that royal assent had been granted for the Royal College of Dentists.

4. Requirements for membership were discussed and a committee appointed to consider various combinations of a list of certified operations, case reports, and oral examination.

5. Again the problem of physician-sponsored insurance plans infringing on the patient's free choice of treatment for oral pathosis was discussed. A comprehensive Canada-wide report was decided on before proceeding with definitive action.

6. The financial statement showed a bank balance of \$3,068.33 and bonds on hand valued at \$1,930.00.

7. Executive:

- | | |
|----------------------|---------------------------|
| Past President: | E. W. P. Luxford |
| President: | A. Charest |
| President-elect: | A. E. Hoffman |
| Secretary-Treasurer: | D. H. MacDonald |
| Councillors: | W. B. Donahue, G. Chesnay |

8. Next meeting to be held in Quebec City in conjunction with the C.D.A. convention June 1st, 1965.

COMMENT AND ACTION

1-2. Information.

3. Noted.

4-8. Information.

We recommend the adoption of the report of the Oral Surgery Section.

APPROVED

EXECUTIVE: *C. Asselin, President, Montreal; W. O. Mulligan, President-elect, St. John; R. Leuty, Vice President, Toronto; J. J. Schachter, Secretary-Treasurer, Saskatoon.*

REPORT

1. The annual meeting of the Canadian Society of Orthodontists was held in the MacDonald Hotel, Edmonton, Alberta, Wednesday, July 1, 1964.
2. Nine new members were accepted raising the total membership to 121.
3. The George Wellington Grieve Lecturer was Dr. Tom Graber, prominent orthodontic teacher and author. His subject of "Panoramic Radiography" was well presented and thoroughly enjoyed by all members of the Canadian Dental Association. Doctor Graber was presented with a beautiful inscribed certificate at the conclusion of his lecture.
4. The balance of the scientific program included lectures by Dr. Graber, Dr. Sperber, and Dr. Davidson of the University of Alberta. These lectures were well attended and thoroughly enjoyed by the membership.
5. Notice of motion having been given to all members, the following changes were passed at the meeting. These are to receive the consideration of the Board of Governors at their meeting in Quebec, 1965. The amendments to the constitution are:

- (1) To delete Article III, Section 2, and the following substituted therefore:

Active Members

A person who is in the exclusive practice of Orthodontics and hence does not engaged in any type of practice other than traditionally associated with the practice of Orthodontics, and who is a member in good standing of his local, provincial (or state) and national dental organization may be elected to active membership in this Society provided the applicant has been five years in the exclusive practice of Orthodontics including a successfully completed orthodontic course in an approved dental school recognized by the Canadian Dental Association with a certificate or graduate degree to that effect.

- (2) To delete Article III, Section 3, and the following substituted therefore:

Associate Members

(a) A person may be elected to Associate Membership on his completion of the orthodontic educational and dental membership requirements as stated in section 2, above.

(b) Associate Membership shall terminate automatically one year after eligibility for Active Membership is reached.

- (3) To delete Article VII, Section 2.
- (4) Change Section 3 of Article VII to Section 2.
- (5) Change Section 4 of Article VII to Section 3.
- (6) Change Section 5 of Article VII to Section 4.
- (7) Change Section 6 of Article VII to Section 5.

ORTHODONTICS

6. The executive committee consulted with the CDA Board of Governors on the resolution presented in 1964 urging them to consult with the Canadian Society of Orthodontics on all matters pertaining to Canadian orthodontics. There has been close consultation with the Society during the year and all matters have been resolved successfully.

7. The thirteenth annual meeting will take place June 2nd in Quebec City.

8. The George Wellington Grieve Lecturer will be:

Dr. Herbert I. Margolis,
Professor of Orthodontics and
Chairman of the Department of Orthodontics,
Boston University.

9. The scientific sessions will be held May 31st-June 2nd. The clinicians and lecturers are:

Dr. H. I. Margolis
Dr. Z. Mezl
Dr. R. A. Roche

10. The Orthodontic workshop on Health Services chaired by Dr. R. Leuty will be held on Sunday, May 30th.

11. The following resolution from the Executive is presented for consideration by the Board:

Whereas the Canadian Dental Association is to be congratulated in obtaining concession for its members from the Department of National Revenue in exemption for fees paid for post graduate training, and

Whereas the terms of reference of this provision limit exemption for fees paid to Canadian universities, and

Whereas the scope of post graduate training in specialties at Canadian universities is therefore very limited, and

Whereas there is no provision for travel or expenses incurred in taking post graduate training, and

Whereas there is a great need of keeping our membership fully abreast of the dynamic changes that are ever occurring, be it

Resolved that the Board of Governors undertake to enter into negotiations with the Department of National Revenue urging them to broaden the terms of reference with regard to the dental specialties allowing exemption for fees, travel, etc. outside of Canada.

COMMENT AND ACTION

1. Information.
2. Noted.
- 3-4. Information.
5. Agreed.

6. Noted with satisfaction. This liaison between the Association and its sections should continue.
7. Information.
- 8-9. Noted.
10. Information.
11. Agreed in principle, but feel negotiations between the Association and the revenue department should be on a broader basis. The following resolution is submitted:

Whereas the Canadian Dental Association has been successful in obtaining concessions for its members from the Department of National Revenue in tax exemption for fees paid for post-graduate training in Canadian universities, and

Whereas opportunities for postgraduate training in dentistry are relatively limited in Canada, and

Whereas no provision has been made for travel and subsistence expenses for postgraduate training in Canada or elsewhere, and

Whereas a great need exists for keeping dentists fully abreast of advances in their field, therefore be it resolved.

That the Association undertake to enter into negotiations with the Department of National Revenue at some suitable time, to urge broadening of tax-deductible allowances for dentists to include cost of fees, travel and subsistence, while attending university-sponsored post-graduate courses both in Canada and elsewhere.

The following resolution is also presented:

Whereas the Association's definition of a specialist, which includes the requirement of the *exclusive* practice of the said specialty, may or may not be in the best interests of the public, the profession, and the specialty, therefore be it resolved

That the Specialists and Specialization Committee be requested to review the Association's definition of a specialist in light of contemporary needs, and to recommend accordingly.

ADOPTED

We recommend adoption of the report of the Orthodontic Section.

APPROVED

EXECUTIVE: *J. D. Stewart, President, Montreal; R. F. Harvey, President-elect, Westmount; J. E. Speck, Secretary-Treasurer, Toronto.*

REPORT

1. The last meeting under the chairmanship of Dr. B. Squires of Ottawa was held in Edmonton on Sunday, June 28, 1964. There were 18 members and 4 guests present.
2. The scientific part of the program was both interesting and informative. The clinicians were Dr. R. V. Blackmore of Edmonton, the Edmonton Periodontal Study Club, Dr. D. S. Moore of Hamilton, and Dr. G. J. Parfitt of Vancouver.
3. It was decided to hold the next Annual Meeting in conjunction with the C.D.A. convention to be held in Quebec City. On the scientific program for this meeting will be Dr. L. Francis of Montreal, Dr. R. Johnson, Montreal, Dr. W. F. Walford, Montreal, Dr. J. G. Dale, Toronto and Dr. A. Bennick, Toronto.
4. An effort has been made to integrate our annual meeting more fully with the C.D.A. meeting. For this reason our 1965 meeting will be held over a two day period during the C.D.A. convention rather than a one day meeting prior to the convention. It was not found reasonable or even possible to integrate to any degree with the main convention or with other sections in so far as speakers were concerned.
5. The membership of the Academy during the past year consisted of 33 active and 32 associate members. Three applications for active membership were received, and six for associate membership.
6. The Academy has been pleased to co-operate with the C.D.A. in compiling comments on the Royal Commission on Health Services report and for the Special Committee on Medical Services Insurance.
7. It is recommended that a standing committee for C.D.A. conventions be established. We feel that such a committee, with its continuing experience, would be better able to cope with the many problems inherent in trying to integrate the various section programs with the main program.

COMMENT AND ACTION

- 1-3. Information.
4. Noted. A convention sub-committee, appointed in 1964, is already attempting to solve this problem.
- 5-6. Information.
7. We concur in the expressed need for a standing committee on C.D.A. conventions.
We recommend the adoption of the report of the C.D.A. Periodontic Section.

APPROVED

REPORT

1. Ladies and Gentlemen, it is indeed a privilege and a great pleasure to extend to you a hearty welcome at the 64th meeting of the Board of Governors of the Canadian Dental Association. It is the first time that a C.D.A. annual meeting has been held in Quebec City, and I can assure you of Quebec's warmest hospitality.

Convention Committee

2. Quebec men alone have organized the Board of Governors' meeting and the joint convention of La Société Dentaire de Québec and the C.D.A. which follows. I wish to personally thank the Convention Chairman, Dr. Louis Bernier, his wife, Fernande, Jules Hamel and his wife, Pat, Mrs. Adrienne Ratté, Dr. Paul Jean and Jacques Dufour, and the entire Convention Committee for the outstanding work they have performed. The committee has arranged for post-convention trips. The convention committee has spared no effort to make your stay in the old City of Champlain a most enjoyable and memorable one.

3. As a tribute to the Convention Committee, my wife Lucie was only too glad to bring in any help she could.

Board of Governors

(a) The Board of Governors is happy to welcome Dr. Louis Bernier and Marcel Archambault representing Quebec, and Dr. Ball representing Newfoundland. Your provincial organization, recognizing your ability and dedication to the profession, has judged you capable of assuming further responsibility at a national level. The Board of Governors extends to you a hearty welcome, and hopes that your contribution will not only bring benefit to our profession, but will also bring you satisfaction.

(b) To the retiring Governors, I wish to convey the gratitude and appreciation of the C.D.A. for their magnificent contribution; to Dr. Zimmerman who during his term as President, although handicapped by illness, served the Association so well and now as immediate Past President and to Dr. Lachapelle who has retired from the Board.

Councils and Committees

The members, men of ability and energy, have spent relentless efforts in their tasks. The results of their deliberations, achievements, and recommendations are in the reports; they will be yours to study. For the work performed and the results obtained, it is my privilege and pleasure to extend to them the heartfelt gratitude of the Association. The reference committees will review their reports and I hope they do so in all thoroughness and fairness. May their decisions and recommendations be just and wise, so that the C.D.A. in the coming year will enjoy this unity I have been asking so much for.

The Steering Committee

The members of this committee, Dr. Clappison, Chairman, Dr. Anderson, Dr. Dunn, later replaced by Dr. Bilkey, have done a giant's task and

PRESIDENT

they must be praised for it. They have worked relentlessly along with members of our staff, Mrs. Brown, Mr. Croft and Dr. Compton. Their task consisted of studying the Report of the Royal Commission on Health Services, collating the numerous suggestions sent to them from all over the country, assorting the majority opinions and from then on to write the report for submission to the Executive Council. After being amended, the report was sent along with the assorted opinions to the different organizations which had contributed with their suggestions for them to bring in some more amendments after a serious study. These majority opinions were again sorted and another draft prepared for further submission to the Executive Council for approval or amendment. After this it was prepared for presentation to the Minister of National Health and Welfare in Ottawa. On the basis of advice received from the Department of National Health and Welfare, the Executive Council decided that a preliminary draft should be submitted to the Minister prior to this Board of Governors' meeting. The official submission is to be made following your approval at this meeting. For the tremendous task the steering committee has undertaken and achieved, it is my privilege and pleasure to extend to them the heartfelt gratitude of the Association.

7. *C.D.A.-A.D.A. Third Joint Executive Meeting*

In a letter addressed to our secretary, Dr. Hillenbrand, in the name of the president and Board of Trustees of the American Dental Association, expressed the desire to hold a joint meeting in the near future. The two previous joint meetings have been very successful in creating opportunities for exchange of ideas and philosophies between our two associations and it is hoped that it will be possible to occasionally continue this most helpful arrangement.

Visitations

8. The President and Dr. Gullett attended the Atlantic Provinces meeting in Charlottetown last July. This was a special assignment we took on, due to the festivities around the Confederation Year. Your President on this occasion was honoured as a Distinguished Visitor.

9. September 9th the President and Secretary McIntosh visited Newfoundland. October 21st we visited Quebec and further on the Atlantic Provinces. A list of societies, dental schools and associations visited appears in Appendix A. I believe our meetings were not only well attended, but raised great interest. We really felt the profession was awakening and realizing the seriousness of the social problems confronting it. We encountered throughout our trip gracious hospitality and friendship which we greatly appreciated, and for which we are grateful. There was always ample time to discuss local problems, and our Secretary asked and was asked questions. Generally, the meeting consisted of an address by the President and Secretary.

10. The President and Secretary set out on the western tour February 19th. A list of societies, dental schools and associations visited appears in Appendix A. These meetings were well attended and gave us the impression that the profession was aware of the seriousness of the situation and willing to work

in close harmony with our Association. We met with the President of the University of Manitoba and also the Minister of Health of British Columbia. We encountered throughout our trip genuine hospitality and friendship, which we deeply appreciated and for which we are grateful. The meetings took the form of addresses by the President and Secretary followed by questions and answers.

11. *T.V. and Radio Appearances, Press Conferences*

Almost everywhere on our eastern and western tour, the President and Secretary were asked to appear on television, speak over the radio or give press conferences. This we agreed to graciously, realizing it was a wonderful public relations for our Association.

12. On March 23rd, the President and Secretary attended a joint meeting of the three dental societies of Montreal. After the dinner, I delivered an address in French, which I think was very well received.

13. April 7th, the President and Secretary were the guests of Academy of Dentistry of Hamilton.

14. April 8th, we were the guests of the Academy of Dentistry Toronto, where the President delivered an address.

15. On May 16th, the president attended the meeting of the Ontario Dental Association as their guest. I wish I could have attended the whole of the meeting, but I was unable to do so, because of the closeness of their meeting to the C.D.A. meeting in Quebec.

16. Dr. J. P. Coupland kindly consented to represent the C.D.A. at the Eastern Ontario Dental Association meeting in Brockville in September 1964. We wish to thank Dr. Coupland for accepting this assignment in such a gracious manner.

17. Mrs. Langlois and I attended the A.D.A.-F.D.I. joint meeting in San Francisco as the representatives of the Canadian Dental Association. Our plane companions were Dr. and Mrs. Gustave Ratté. As an official delegate with Dr. Gullett and Dr. McIntosh, I attended all of the F.D.I. deliberations and really enjoyed very minute of it. At these meetings, I discovered new dental horizons of which I was completely uncognizant. I must say I was aware of the terrific amount of work handled by this wonderful organization. The social functions with their touch of international flavour added somewhat to my interest. Exchanging thoughts with confrères from all over the world, has created an entirely new outlook on international dental problems. Dr. McIntosh and I attended most of the A.D.A. reference committee meetings and also meetings of their House of Delegates. Attending these meetings gave us an insight on many interesting features.

18. The president-elect, Dr. Christie, realizing that due to lack of time I was unable to attend some meetings, took over for me and attended meetings of the Council on Education and the Dental Services Committee. I am grateful to him for so doing and wish to express to Dr. Christie my sincere thanks and appreciation for replacing me at these meetings.

PRESIDENT

Dental Schools

19. It was a pleasure to visit the dental schools throughout Canada. The students seemed most interested in and aware of the social changes taking place. Discussions with some of them after the meetings gave me a good impression of their high standard and rapport with teaching staff on a most co-operative basis.

20. British Columbia started with seven first year students this year. In discussion with Dean Wah Leung, we were told that the construction of the dental school would probably start this spring, with hopes that it be ready for the fall of 1966.

21. Other areas in Canada require larger facilities or new dental schools. The University of Western Ontario opens a new dental school under the able direction of Dr. Wesley Dunn. To him we present our congratulations and best wishes for success. We hope September 1965 will see the start of a first year class. University of Montreal has an expansion program under way. When completed they will be able to handle 92 students yearly. McGill, being aware of its exiguity, really look up to the construction of a new building. The establishment of a dental faculty at Laval might occur sooner than we think. I think the Faculty of Dentistry at Dalhousie has now reached the point where it should be expanded. Saskatchewan is surely optimistic toward the creation of a dental school. I anticipate this will probably take place in 1965 or 1966.

22. Recruitment

Reading through the report of the National Recruitment Committee, one gathers that there has been quite an increase in the number of qualified applicants and this in the entire country. The ratio seems to be averaging 3 to 1. This committee thus far had made a great contribution and I strongly suggest they keep up with their good work. However, it is rather unfortunate that due to the limited space in the various schools, a number of well qualified applicants were refused admission. This is why increased accommodation should be provided for in various dental schools in as short a period of time as possible.

23. Auxiliary Services Committee

This committee recommends to the Executive Council that further studies be conducted on dental auxiliary personnel. It adopted a motion to the effect that a pilot study be made of the extended services of a graduate dental hygienist. Certainly, pressures exist towards this end. It is up to the dentists themselves to determine whether the duties of auxiliaries should be extended. I strongly suggest that action should be taken in the very near future.

24. Public Health

The public health survey, the main item on this year's program of the Council, was approved in principle by the last Board of Governors who referred it to the Executive Council for action. The Executive took immediate action, and agreed that it could best be implemented through the

activities of the University of British Columbia. A national health grant project was prepared in draft and forwarded to the C.D.A. and unanimously approved by the Executive Council. This was in turn submitted to the British Columbia Department of Health. The individual in charge gave considerable encouragement stating the project was a suitable one for federal financial support. It was left in the hands of the B. C. Department of Health and through it submitted to the November meeting of the Dominion Council on Health. The Council sent back the project as too diffusely outlined, asking that a new proposal be made on a smaller scale. This has been agreed upon and a streamlined version was resubmitted. The second application was approved by the Dominion Council on Health along with a grant of \$7500 to cover the costs of the first year of the study.

25. *Council on Research*

Reading the Survey on Dental Research, I really felt proud at the increase in dental research in the last decade. Four or five times as much research is being done in Canadian dental schools today as there was in 1954. Since 1959, the number of people with a special training in research and who are working in the dental field has doubled, and so has the number of technical personnel. In the last five years, the total number of professional staff doing research in dentistry has also doubled. There is an increase of about 25% in laboratory space in the last five years. Research equipment is adequate in only two of the six schools. During the last decade, extramural support for dental research has increased by about 4.5 times. Industrial funds for dental research, which were nil ten years ago, now support research to the extent of almost \$45,000. Now, all schools receive extramural support. Although these figures are greatly encouraging, we cannot help but realize that increased funds will have to be found to support dental research in Canada if we are looking for a real expansion in this area. We should not forget that good teaching and good research are complementary.

26. *Council on Journalism*

(a) Sometime around July, the editor of the Journal, working in close cooperation with the French editor, Dr. DeMontigny, created a new formula consisting in the integration of French and English. In throwing down the barrier that always existed between the French and English sections, this new formula created a sort of unity and may I say the commentaries were in approval. Unfortunately, at the end of September, Dr. DeMontigny resigned as French editor, a position he had held for the last 18 years. As such he had served the Journal faithfully and also made a terrific contribution to our Association. In the name of our Association, I wish to present him with our sincere thanks and heartfelt gratitude.

(b) Reorganization had to be done, but in doing so, quite a few serious technical problems had to be overcome. An assistant French editor was chosen in the person of Dr. Georges Pelletier, a man of high talent and ability. Dr. Compton, Dr. Pelletier, Dr. DeMontigny, Dr. Armand Fortier, a member of the Council on Journalism, and I met in Montreal. A very lengthy discussion took place and the results were the following:

PRESIDENT

(i) It was unanimously decided that the Journal should keep on using the new formula of integration.

(ii) The French associate editor would gather up articles, have them checked by consultants for the scientific side, and would be responsible for the form of the articles. He also would translate news items, summaries, etc.

(iii) The editor of the Journal would have the sole responsibility for the administration of the Journal and all that it entails.

(c) After a period of 12 months of this workable arrangement, I would strongly advise a reassessment of this structural plan. This formula of integration will be one of the greatest unifying factors in our Association, and if and when it is reassessed, this principle should never be forgotten. So I strongly recommend this arrangement to help create and keep unity within our profession and our Association.

27. *Secretaries*

(a) During my term of office, it has been my privilege to deal with two Secretaries: Dr. Gullett and Dr. McIntosh. Dealing with two men of such a high calibre rendered my task relatively easy.

(b) Dr. Gullett with his high degree of experience and knowledge directed my footsteps in the intricacies within and outside our Association. His advice to me was always given in a sound and friendly fashion. Upon his retirement, December 31st, I not only lost a Secretary, but also a great friend. Nevertheless, our friendship, I am sure, will be everlasting. For his great contribution to the C.D.A., it is my privilege and pleasure to extend to Dr. Gullett, the heartfelt gratitude of the Association. To Mrs. Gullett, who all through these years, had to share her husband with our Association, I extend my best wishes of happiness for years to come, in this new way of life that will be theirs.

(c) Losing a secretary and friend, I gained a new secretary and friend in the person of Bill McIntosh. May I say here that I enjoyed every minute of my travelling with him. I also enjoyed his sound advice and our friendly discussions. Succeeding one Don Gullett is a pretty tough assignment, but I must say he tackled it with great diplomacy, knowledge and success. Everywhere we went, I heard only favourable comments and praise. It is my privilege and pleasure to extend to him my most sincere congratulations and best wishes of success in his new career of Secretary of our Association.

Headquarters Staff

28. This last year has been a very trying one upon our staff. The demands and requests from the steering committee have taxed the two bureaux to the limit.

29. The director of the Bureau of Economic Research, Mrs. Isabel Brown, has cooperated with our steering committee in the studies, discussions, surveys, and also preparations of its report. Besides this extra assignment, she managed to perform her regular duties, attend meetings of various councils and committees and prepare new projects for next year.

30. The director of public information, Mr. Ken Croft, has also cooperated with our Steering Committee in its studies and preparation of its report. He also attended the various meetings of councils and committees, acting as secretary of the meetings. He has been active in recruitment, convention publicity, preparation of dental health and other literature, all this in addition to his duties as Deputy Secretary.

31. The new formula of integration followed by Dr. DeMontigny's resignation has made this year a very trying one for Dr. Compton, specially so since January. Besides having to cope with this tough problem, he had to assist the steering committee in their work, and attend the different meetings of councils and committees. Now that this problem is straightened out, I hope that future years will be less trying to him.

32. The staff, throughout the year, have worked under strenuous conditions due to the steering committee's work, and also many changes occurring. Nevertheless, the accomplishments of the staff were great. On behalf of our Association, I wish to commend the members of the headquarters staff individually and collectively for their splendid contribution to our Association and to dentistry. I wish to present to them my sincerest thanks and gratitude for their cooperation and assistance during my term of office.

33. Finally I wish to pay tribute to a former member of the headquarters staff who has been a faithful and devoted employee for many years. Miss Helen McLennan, our secretary-bookkeeper for over twenty years, retired the end of February of this year. She has served the Association well both at headquarters and on many occasions at these annual meetings. I wish to record our indebtedness to Miss McLennan and to wish her well in the years ahead.

Appendix A

Newfoundland Dental Society
Nova Scotia Dental Association
Moncton Dental Society
P.E.I. Dental Association

La Société Dentaire de Québec

Joint Meeting in Montreal—La Société Dentaire de Montréal

The Mount Royal Dental Society
The Montreal Dental Club

Toronto Academy of Dentistry

Hamilton Academy of Dentistry

Sudbury Dental Society

Manitoba Dental Society

Regina Dental Society

Saskatoon Dental Society

Calgary and District Dental Society

Edmonton and District Dental Society

Vancouver and District Dental Society

Victoria Dental Society

Faculty of Dentistry, University of Dalhousie

Faculty of Dentistry, McGill University

PRESIDENT

La faculté de Chirurgie Dentaire de L'Université de Montréal
Dental Faculty—University of Manitoba
Dental Faculty—University of Alberta
Dental Faculty—University of British Columbia

COMMENT AND ACTION

1. Nous désirons ajouter combien nous sommes heureux d'être à Québec pour ce Congrès et combien nous sommes sensibles à la chaude hospitalité que tout le monde nous manifeste.
2. We concur with commendation.
3. Noted with appreciation.
4. Concur.
5. Agreed.
6. We concur in commending these people for their untiring efforts.
7. The Association recognizes the value of the liaison between these two groups.
8. Noted with pleasure.
- 9-10. Information.
11. Concur.
- 12-15. Information.
16. Concur.
17. Information.
18. Concur.
19. Noted with interest.
20. Information.
21. Noted with satisfaction.
22. Concur.
23. Strongly concur.
24. Information.
25. Concur.
26. Dr. DeMontigny is to be commended for his untiring effort over many years. Noted with interest.
27. Heartily concur.
28. Information.
- 29-30 Noted with appreciation.
31. Heartily agreed.
32. Heartily concur.
33. We heartily concur and recommend that the Secretary convey to Miss McLennan the sincere appreciation of the Board of Governors for her many years of devoted service.
We recommend the adoption of the report of the President.

APPROVED

MEMBERS: *A. R. S. Gray, Chairman, Calgary; Y. Lafleur, St.-Hyacinthe; K. F. Pownall, Toronto; B. J. O'Meara, Charlottetown; D. J. Yeo, Vancouver.*

REPORT

1. The Council on Public Health met at headquarters February 1st and 2nd, 1965. The following persons attended the meeting: the council members, also Drs. R. A. Connor, C. McCormick, N. Layton, R. Grainger, W. G. McIntosh, F. H. Compton, Lt. Col. Protheroe R.C.D.C., Mrs. B. I. Brown and Mr. K. L. Croft.

2. The chairman welcomed Dr. Yves LaFleur of St. Hyacinthe, Quebec as a new member of the Council and offered congratulations and best wishes for success to Dr. K. F. Pownall on his appointment as the new secretary registrar of the R.C.D.S. of Ontario. Dr. Pownall later intimated that he felt that the province of Ontario might possibly be more adequately represented on the Council by someone not occupying a full time executive position within organized dentistry and that therefore he was considering tending his resignation with regrets.

3. *C.D.A. Annual Meeting 1964*

A report was received from the Secretary of the C.D.A. concerning the progress made relative to implementing the resolution Transactions 1964, 152 item 8(b) as presented by this Council to the Board of Governors' meeting 1964. It is understood that C.D.A. support of the principles as outlined in the reference would be soon brought to the attention of the departments of the federal government deemed appropriate to receive such submissions, and also made available for the use by such Corporate Members who deem it desirable on their provincial level.

4. *Publications*

A thorough review of the dental health publications of the Council was undertaken, and Dr. B. J. O'Meara was commended for efforts in this field. A new publication designed to promote continuing interest and enthusiasm in those areas where fluoridation of communal water supplies was already in effect is in the process of organization and should soon be ready for publication wherever there is a demonstrated need. Dr. LaFleur has graciously undertaken the supervision of translation into the French language such publications where this is necessary. Dr. Compton was thanked for his co-operation of publishing in the Journal articles connected with the production of mouth protectors for participants in contact sports as suggested by the Council at its annual meeting in 1964. Arrangements were made for looking into the preparation of a fluoridation booklet for the use of municipal councils and dentists.

5. *National Dental Health Survey*

The report of the sub-committee under the chairmanship of Dr. R. Connor whose duty is to redefine the data to be collected within the Canadian National Dental Health survey was received. Dr. R. Grainger addressed

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the Council on the recent meeting of the Committee on International Classification of Diseases of the World Health Organization held in Geneva. Upon Dr. Grainger's recommendation, it was agreed that further work by this subcommittee should be held in abeyance until some time in the near future when final agreement on the International Classification of Diseases has been reached.

6. *Dental Health Educational Aids*

Two new television filmlets produced by Crawley Films are in the process of production. These are designed to appeal to the youngsters and should shortly be ready for distribution. Demand for this sort of health message by commercial stations is high.

7. *Report on Auxiliaries*

The Council was favoured by the presence of Lt. Col. Protheroe, R.C.D.C., who on behalf of Brig. Baird gave a report on the studies being made by the Dental Corps on different types of auxiliary personnel. Whereas it was agreed that military and civilian environments were quite different, keen interest was evidenced as to the information contained in the report. The Royal Canadian Dental Corps contribution of sending Lt. Col. Protheroe to the meeting was sincerely appreciated.

8. *Study on Position of Public Health in Dentistry*

The resolution (Transactions 1964, 152, item 8(a) presented by this Council at the Board of Governors' meeting June 1964 and adopted at that time was reviewed. Dr. McIntosh reported on the difficulties encountered and progress made in getting this study set up and financed. It has been found necessary to more closely define the terms of reference for this study, but in its new form, assurance of receiving the necessary financial backing for this study to be conducted by the University of British Columbia has been received.

9. *Fluoridation*

This Council has approached the Minister of Health and Welfare, the Minister of National Defence and the Minister of Northern Affairs and National Resources in an effort to get the benefit of fluoridation available to the users of communal water supplies under federal jurisdiction. Replies that have been received would indicate that the subject is under intensive study by these departments at this time and that a definite statement on the matter should be made within the next few weeks.

10. *Worlds Fair Project*

Suggestions have been made to Worlds Fair officials regarding possible dental participation in exhibits. Further communication is to be awaited before action can be taken by the associations whose ideas have been accepted.

11. *Salaries of Dentists Engaged in Full Time Public Health Activities*

A report was given by Dr. Glenn Mitton on the salary schedules prepared for the fifth revision of the Canadian Public Health Association's qualifications, duties and salaries of public health personnel. The view was ex-

pressed that the suggested salary schedule for dental personnel was not in accordance with those of other professions with similar professional training and responsibility. Consideration was given to expressing to the dental section of the Canadian Public Health Association the concern of the Council of Public Health C.D.A. that such a published discrepancy in suggested salary schedules could lead to a diminished number of applicants in dental public health training. Such a result, at a time when there is already a short supply of personnel with this type of background could have serious consequences. It was agreed that this concern should be communicated to the dental section of the Canadian Public Health Association.

12. *Recommendations of the Royal Commission on Health Services*

Certain recommendations of the Royal Commission on Health Services were of special interest to the Council on Public Health. Comments on these by mail had been requested from each member of the Council and these comments had been passed on to the C.D.A. steering committee. Since there was still time to make further comments on these resolutions, further discussion was held on those resolutions on which a difference of opinion had been expressed by different council members.

COMMENT AND ACTION

- 1-2. Information. Thanks to Dr. Pownall for his valuable assistance and congratulations and best wishes in his new assignment.
3. Information.
4. Noted with interest.
5. Information.
6. Commended.
- 7-8. Noted with interest.
- 9-12. Information.
We recommend the adoption of the report of the Council on Public Health.

APPROVED

BUREAU OF PUBLIC INFORMATION

DIRECTOR: KEN L. CROFT

REPORT

1. A new pair of one minute public service films was distributed in March, again timed for observance of dental health day, to television stations across the country. The animated cartoon films are directed one at teenagers and one at preschoolers. Reports continue to indicate that our films are being used often.
2. Last year, for the second time, a special bulletin was sent to each member as soon as possible after the Annual Meeting. It is intended to continue this custom.
3. It has not been possible to inaugurate the proposed newsletter from the President to each member, but this proposal will be followed when time and facilities permit.
4. Newspaper clippings continue to provide information to the officers and staff. As predicted last year, the cost of the clipping service was reduced by over 50 per cent by a little judicious pruning.
5. It has not been possible yet to begin planning the public relations conference recommended by the President last year. Your Director did find it beneficial to attend last summer the first such conference held by the American Dental Association. Valuable experience was gained also by participating in the program of the public relations seminar of the Michigan State Dental Association and by addressing an international conference on dental journalism at San Francisco.
6. The Bureau attempts to answer all requests for information and assistance, but regrettably has not been able to offer assistance because of varied demands for its Director's time in other aspects of the Association's work.

COMMENT AND ACTION

1. Information. One of the animated cartoons produced in 1964 was judged fourth best out of 181 entries in a recent commercial films competition.
2. Concur and recommend that this be expanded both in number of special bulletins and the scope of such.
3. Note with regret that president's newsletter proposed and recommended in 1964 has not been issued.
- 4-6. Information.
The following resolution arises from a general discussion of this report:
Whereas it is vital that the Canadian Dental Association employ all reasonable means to communicate effectively with its members, and
Whereas the administrative responsibilities placed on the Director of the Bureau in respect of many other aspects of the Association's

PUBLIC INFORMATION

activities seriously impinge on his capacity to discharge all the desirable functions of the Bureau of Public Information, therefore be it resolved

That the Executive Council be requested to examine the desirability of acquiring additional assistance within the Bureau and if found feasible to engage the appropriate personnel.

ADOPTED

We recommend the adoption of the report of the Bureau of Public Information.

APPROVED

RESEARCH

MEMBERS: *K. J. Paynter, Chairman, Toronto; C. D. Torneck, Toronto; D. L. Anderson, Hamilton; W. R. Bruce, Toronto; J. D. Spouge, Vancouver; H. S. Grey, Toronto; G. Connell, Toronto; L. E. Francis, Montreal; A. F. Howatson, Toronto; A. M. Hunt, Toronto; D. C. Teskey, Toronto; R. H. Bingham, Halifax; R. V. Blackmore, Edmonton; R. M. Grainger, Toronto; G. H. Beaton, Toronto.*

REPORT

1. *Personnel*

The terms of office of Drs. G. Connell, L. E. Francis, A. F. Howatson, A. M. Hunt and D. C. Teskey expire this year. Their contribution to the conduct of affairs of Council is gratefully acknowledged.

2. *Membership*

(a) The Council on Research has fifteen members including the Chairman. For many years approximately ten members have been chosen from the Toronto area, and five from other parts of Canada. This distribution partly reflected the geographic distribution of early dental research activities in Canada, and in part it resulted from the need for a quorum of members near headquarters because the Council must hold several meetings each year.

(b) The number of dental researchers is increasing rapidly in Canada and they are now distributed from coast to coast (Appendix A). The Research Council feels that it would be in the best interests of the Association if more of these researchers from outside the headquarters area were brought into active participation in Association affairs. This could be accomplished through appointments to Council and by holding an annual meeting. A sub-committee of the Council could be appointed to handle items of business between annual meetings. It is recommended, therefore, that over the next several years as members of the Council on Research normally retire, consideration be given to the residence of replacements so that Council members ultimately may be more equitably distributed geographically.

3. *Annual Meeting*

In view of the proposed changes in Council membership it is recommended that the Council on Research hold an annual meeting with all members (see item 2). At this meeting consideration could be given to matters of policy, allocation of funds, etc. Between annual meetings Council members from the Headquarters area could act as a sub-committee to handle such problems as might arise.

4. *Survey on Dental Research*

The third survey on dental research in Canada was conducted by the Research Council during 1964. Results are shown in Appendix A. Data from the 1954 and 1959 surveys conducted by Council are compared with the 1964 figures.

5. *Workshop-Conference on Dental Research*

(a) A combined Workshop and Conference on Dental Research in Can-

ada was held at Ste. Marguerite, Quebec, October 5-7, 1964. The meeting was organized through the Canadian Dental Association Council on Research, the Canadian Dental Research Foundation, and the Associate Committee on Dental Research of the National Research Council. Financial support was provided through grants from the National Research Council and from the Procter and Gamble Company of Canada Limited.

(b) The papers presented at the Conference were published in abstract form in the Journal of the Canadian Dental Association April, 1964. Workshop Proceedings will be distributed as a separate publication.

6. *Ad Hoc Committee on Dental Research Support Planning*

(a) In view of the rapid expansion now going on in dental research in Canada (Appendix A), and suggestions that have been made for change in the manner of handling research support in the health sciences, a small ad hoc committee under the aegis of the Council has been formed to draft principles under which future research support in dentistry should function. The Council on Research of the Canadian Dental Association and the Associate Committee on Dental Research of the National Research Council have each appointed their chairmen to serve on this committee. The newly formed Dental Advisory Committee of the Department of National Health and Welfare will also be asked to appoint a member.

(b) The ad hoc committee will prepare first draft of a report outlining the principles to which dental research sponsorship should conform. The draft report will be widely circulated among Canadian dental research workers for comment and suggestion before being prepared for final distribution.

7. *Use of the Statement and Seal of Acceptance, Council on Dental Therapeutics, American Dental Association, for Canadian Products*

(a) A number of companies that manufacture and distribute products or appliances for sale in Canada have sought permission to use the American Dental Association Seal and/or Statement of Approval in *public* advertising, when the same product as manufactured and distributed in the United States has been granted such approval. In order to clarify the relation of the American Dental Association, the Canadian Dental Association, and manufacturers in this respect, a statement outlining the policy to be followed was prepared. This statement (Appendix B) was presented to the Executive Council at its meeting in February, 1965, and on approval was distributed to the companies concerned and to other interested parties.

(b) While this policy does not permit the A.D.A. statement to be used in public advertising in Canada, the Council on Research recognizes that the profession does have a responsibility to inform the public that certain products are of more therapeutic benefit than others when valid scientific evidence exists to show that this is so. Council is reluctant to indicate this by using brand names, and is considering ways to state therapeutic efficacy of products with reference to formulations only. At present the American Dental Association Council on Dental Therapeutics is also reviewing its practices with a view to classification by formulation rather than brand.

(c) (i) For Canadian-manufactured products whose U. S. counterpart has been accepted by the Council on Dental Therapeutics of the American

RESEARCH

Dental Association, the ADA has had no objection to their seal or statement of acceptance being displayed in *professional* advertising in Canada, provided that the wording of the advertisements conforms to the same standards of permissibility required in similar advertising in the United States. In the past, advertisers have been requested to include a statement in their ads to the effect that "evaluations of the Council on Dental Therapeutics of the American Dental Association are limited to therapeutic dental products made in the United States only".

(ii) It is recommended that all advertisements containing the ADA statement or seal of acceptance submitted to the Journal be scrutinized to ensure they contain this reference to ADA activities, and that advertisers be advised to submit their copy to the office of the ADA Council on Dental Therapeutics for clearance.

(d) (i) The American Dental Association has no objection to use of their seal or statement of acceptance in *public* advertising for dental products accepted by their Council on Dental Therapeutics, when such products are manufactured in the United States and shipped to Canada for distribution.

(ii) It is recommended, therefore, that in the interests of continued co-operation between the CDA and the ADA the Canadian Dental Association advise Canadian distributors of U.S.-manufactured, accepted products, to submit their advertisements and labelling to the office of the Council on Dental Therapeutics of the ADA for clearance before issuing in Canada.

8. *Water Fluoridation*

All communities in Canada in a position to do so have not yet fluoridated their water supplies, in spite of the overwhelming weight of evidence in support of this measure. To provide support for those who are conducting campaigns to persuade non-fluoridated communities to adopt the measure, Council recommends that the Statement on Fluoridation of the Canadian Dental Association be reiterated. (Appendix C)

9. *Fellowships and Studentships*

(a) A supplementary grant of \$1,000 was made to Council for a Fellowship in 1964 (Transactions C.D.A. 1964, p. 81, item 59).

(b) Four sets of reprints were purchased through the Canadian Dental Association Reprint Service. Details are shown in Appendix D.

(c) Applications were received for five Fellowships totalling \$14,400. Three grants were awarded for a total of \$7,425. Details are shown in Appendix D.

(d) Nineteen Studentship applications, totalling \$16,080 were received. Six were granted for a total of \$5,310. Details are shown in Appendix D.

(e) A summary of the awards made through the Fellowship and Studentship programme of the Canadian Dental Association is shown in Appendix E. Figures for 1964 have been amended to show the additional grant mentioned in paragraph (a) above.

10. *Budget*

(a) Council gratefully acknowledges a grant of \$3,000 from the Procter and Gamble Company of Canada in 1964. The grant was used to partially

defray costs of the Workshop-Conference on Dental Research in October, 1964. (See item 5)

(b) In view of the obvious need for more funds for Fellowships and Studentships (item 9), and in order to support the annual meeting of the Council (item 3), Council respectfully requests a budget of \$15,500 for 1966.

11. *Canadian Dental Research Foundation*

(a) Officers of the Foundation elected at the annual meeting are: K. J. Paynter, President; W. G. McIntosh, Secretary; R. M. Grainger, executive member.

(b) The financial statement of the Foundation for the year ending December 31, 1964 is attached as Appendix F.

Appendix A

SURVEY ON DENTAL RESEARCH

Canadian Dental Association
Council on Research
1964

In 1954 the first survey of dental research in Canada was done by The Research Committee of the Canadian Dental Association (Trans. C.D.A. 1954/55, pp. 152-155). Five years later, in 1959, a follow-up survey was carried out to measure research growth that had occurred during the interval (Trans. C.D.A. 1960, pp. 205-214). Information gathered in these surveys has proven useful, and an additional follow-up survey has now been done to record the state of dental research in Canada at the end of a second five-year period. Greatest emphasis has been placed on the programmes in dental schools because, although all dental research is not done in the schools, most of it is, and data from the schools is a little more readily obtained. Growth of research in teaching institutions probably reflects the national pattern quite accurately.

Data from the newly established dental school at the University of British Columbia are not included in the main tables. Progress at U.B.C. is reported separately. This was the pattern followed in 1959 respecting the dental school at Manitoba which was just starting at that time.

Other areas where dental research might be going on were not ignored, and through the office of the Chief of the Dental Health Division, Department of National Health and Welfare, a survey of the work being done by dental health units across the country was made. This aspect is also reported separately.

To facilitate comparison between the new figures and those from earlier surveys, the earlier data from the schools are shown in the current tables.

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Research in Dental Schools

There is about four or five times as much research being done in Canadian dental schools to-day as there was in 1954. Not all of the factors measured in this survey, i.e. personnel, space, students and spending, have grown in the same rate (Tables 1-4), but all show the same trend toward a gratifying and significant increase in this area of professional responsibility.

Between 1954 and 1959 the total number of personnel doing research did not change appreciably. In 1954 one-third of those engaged in research had had no special training for such work. Five years later there were very few dental research workers without special qualifications (Table 1). According to the 1959 survey there had been a decline in the number of non-dental researchers working in dental research.

Since 1959 the number of people who have had special training in research and who are working in the dental field, has again doubled, with a corresponding increase in the number of technical personnel. The number of non-dental but research qualified people engaged in dental research has returned to about the 1954 level. A number of the latter are to-day full-time academic research appointees to the dental schools, and not simply qualified people attached to other university departments engaged in some dental research as was the case years ago. The total number of professional staff doing research in dentistry has increased from 28 to 57 in the last five years. This, together with the fact that most of this increase is due to the addition of personnel specially trained to do research, is probably the most significant criterion of the growth of dental research in Canada.

Between 1954 and 1959 new dental schools were built at both Dalhousie and Toronto. Both provided space for research. This, together with the provision of additional room at Montreal, increased laboratory space by a factor of about five during that period. Since 1959 additional space has been provided by expansion at Alberta, and by the new dental school in Manitoba. This increase furnished about 25% more room in 1964 than was available in 1959.

During this same period however, the number of people engaged in dental research has doubled. If growth rates for personnel and space continue at present individual rates, one can predict a serious shortage of space for dental research in Canada in the near future.

Research equipment in only two of the six schools is reported as being adequate. All the others either need to purchase new equipment outright, or to replace the old. A very considerable portion of the unmet financial needs of the schools reported below is required for research equipment.

Graduate education and research go hand in hand. Thus the increase in the number of students registered in Canadian dental schools proceeding to the Master's or Ph.D. degree also reflects research growth. Both in 1954 and in 1959 one school was carrying the load in graduate training. By 1964 three other schools had registrants, thus tripling the number of students during the past five years (Table 3). Some doubt still exists as to whether

all the students shown under "graduate students" in Table 3 are undergoing a training leading solely to research qualification. Some are still proceeding basically to a clinical specialty.

Most of the specialty students are shown under "postgraduate students" in Table 3. For these students, while research plays a part in their education, it is not the main part. They are therefore not properly "graduate students". Their role in the future of dentistry is probably just as significant as that of the researcher, and the postgraduate programme is just as important in the dental school. It is the character of the training that is different, not the quantity or the importance.

At present most postgraduate education is taking place in one school. Others may be expected to increase enrolment in this area in the future as more staff, qualified in the specialties and experienced in teaching, are added to the Faculty. In view of the small number and maldistribution of specialists however, it may be some time before the load for teaching in the specialties is distributed more equitably.

Furthermore the emphasis placed by the Royal Commission on Health Services (Vol. 1, Queen's Printer, Ottawa, 1964, pp.558 and 567) may presage a long needed expansion in both graduate and post-graduate areas of dental education.

The final index used to measure the rate of growth of dental research in Canada was the amount of money being spent to support it. No figures are available for 1959, but the data for 1954 and 1964 are shown in Table 4.

During the ten-year period total extramural support for dental research has increased by about 4.5 times. The National Research Council is still the major source of funds. Since 1954 N.R.C. grants have increased by a factor of about 7.

Other sources, D.N.H.&W., industry and private sources, have also all gone up, but to a lesser amount. It is particularly gratifying to see that industry now supports research in Canada to the extent of almost \$45,000. Ten years ago no industrial funds were being used for this purpose at all.

The increased spending is being shared by all schools. In 1954 two of the five schools reported no spending on research at all. Now all schools receive at least some extramural support.

In spite of this highly gratifying increase in research spending there is one more figure gathered in the survey that tends to dampen this gratification. Each school was asked to estimate its unmet financial needs for dental research. The total need for all schools was almost \$374,000. This figure does not include needs for training Fellowships.

The total need for staff, operating funds and for equipment is more than the total spent in the country in 1964 by over \$26,000. The greatest need is for equipment (reflected in Table 2). An estimated \$172,000 is needed for this item right away. About \$110,000 is needed for staff, and the rest for operating grants.

If funds had been available to meet the unmet requirements dental

RESEARCH

research spending would have exceeded \$720,000 exclusive of training fellowships—over nine times the 1954 total.

Greatly increased funds are going to have to be found to support dental research in Canada if expansion in this area is not to be throttled.

Research Programme Faculty of Dentistry, University of British Columbia.

At the time of this survey the Faculty of Dentistry at the University of British Columbia was just being organized. Information was obtained as to plans for dental research at U.B.C. This information is outlined below.

By August 1964, six of eight full-time appointees to the Dental Faculty at U.B.C. were already on campus. Three of these had assumed their posts in July 1963, and two were engaged in research during the year 1963-64. Plans are under way for the organization of a joint research programme in the area of Dental Public Health that will involve two of the staff particularly. Others will carry on research that had been proceeding under previous appointments. It is expected that during the year 1964-65, six of the eight full-time faculty will be actively engaged in research.

In addition, the Faculty of Dentistry is providing financial support for three members of basic science departments of the Faculty of Medicine. All have had extensive research experience and will be expected to continue research programmes in these new posts.

When the new permanent dental facilities are completed it is estimated that about 10% of the dental building proper (about 6,600 square feet) will be identifiable as research space. The Dental Faculty is also financing the addition of 46,600 square feet to the existing basic science department of the Faculty of Medicine, of which 50% will be for research use. The total proposed building programme for dentistry will involve about 112,600 square feet. Approximately 30,000 square feet (26%) will be devoted to research activities.

Projecting the personnel needs to 1968, the Dental Faculty at U.B.C. hopes to have 22 full-time and 51 part-time persons on the academic staff. In addition, another 15 to 20 members in the clinical and pre-clinical departments of the Faculty of Medicine will be supported through the Faculty of Dentistry budget. Of the 51 part-time staff of the dental school at least 15 will be half-time. Since the Faculty believes that good teaching and good research are complementary, adequate time will be provided for all full and half-time Faculty to pursue research and other scholarly activities. Indeed creative productivity will be as important a criterion for advancement in the Faculty of Dentistry at the University of British Columbia as it is in the rest of the University.

Departments of Public Health

A survey of each of the Provincial Departments of Dental Public Health for Canada indicated that very little research was being carried out through these departments. Only two Provinces indicated any work being done at all. This research involved about five people part-time. An estimated total expenditure was in the area of \$2500 through special grants.

TABLE 1
NUMBER OF DENTAL RESEARCH PERSONNEL
CANADIAN DENTAL SCHOOLS
1954-1964

YEAR	SCHOOL	PROFESSIONAL PERSONNEL				Technical Personnel
		D.D.S. Degree Only	D.D.S. Plus Research Degree	Research Degree Only	Total	
1954	Alberta	0	0	2	2	1
	Dalhousie	0	0	1	1	1
	Manitoba	—	—	—	—	—
	McGill	0	0	1	1	1
	Montreal	1	2	1	4	0
	Toronto	9	9	4	22	10
TOTAL		10	11	9	30	13
1959	Alberta	2	3	0	5	1
	Dalhousie	0	2	2	4	1
	Manitoba	—	—	—	—	—
	McGill	0	1	1	2	1
	Montreal	1	3	0	4	1
	Toronto	0	12	1	13	9
TOTAL		3	21	4	28	13
1964	Alberta	2	10	2	14	3
	Dalhousie	1	1	0	2	2
	Manitoba	1	5	3	9	12
	McGill	2	2	1	5	3
	Montreal	0	6	2	8	3
	Toronto	0	17	2	19	15
TOTAL		6	41	10	57	38

1954 data: Trans. C.D.A. 1954-55, pp. 152-155

1959 data: Trans. C.D.A. 1960, pp. 205-214

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TABLE 2
RESEARCH SPACE AND EQUIPMENT
CANADIAN DENTAL SCHOOLS
1954-1964

YEAR	SCHOOL	RESEARCH SPACE (ft. ²)		RESEARCH EQUIPMENT	
		In Dental School	Other	Satisfactory	Not Satisfactory
1954	Alberta	0	800		X
	Dalhousie	0	1,417		X
	Manitoba	—	—		
	McGill	0	500	X	
	Montreal	600	0		X
	Toronto	4,000	400	X	
TOTAL		4,600	3,117	2	3
1959	Alberta	100	0		X
	Dalhousie	1,100	1,300	X	
	Manitoba	—	—		
	McGill	250	0	X	
	Montreal	2,000	0		X
	Toronto	25,000	400	X	
TOTAL		28,450	1,700	3	2
1964	Alberta	1,920	530		X
	Dalhousie	1,100	1,300	X	
	Manitoba	6,700	300	X	
	McGill	200	400		X
	Montreal	2,000	0		X
	Toronto	25,000	400		X
TOTAL		36,920	2,930	2	4

1954 data: Trans. C.D.A. 1954-55, pp. 152-155

1959 data: Trans. C.D.A. 1960, pp. 205-214

TABLE 3
GRADUATE AND POSTGRADUATE STUDENTS
1954-1964

YEAR	SCHOOL	NUMBER OF STUDENTS			TOTAL
		GRADUATE		POSTGRADUATE	
		M.S.	Ph.D.		
1954	Alberta	0	0	0	0
	Dalhousie	0	0	0	0
	Manitoba	—	—	—	—
	McGill	0	0	0	0
	Montreal	0	0	0	0
	Toronto	7	0	0	7
TOTAL		7	0	0	7
1959	Alberta	0	0	0	0
	Dalhousie	0	0	0	0
	Manitoba	—	—	—	—
	McGill	0	0	0	0
	Montreal	0	0	0	0
	Toronto	6	0	15	21
TOTAL		6	0	15	21
1964	Alberta	3	0	0	3
	Dalhousie	0	0	0	0
	Manitoba	3	3	0	6
	McGill	0	0	0	0
	Montreal	2	0	0	2
	Toronto	6	0	17	23
TOTAL		14	3	17	34

1954 data: Trans. C.D.A. 1954-55, pp. 152-155

1959 data: Trans. C.D.A. 1960, pp. 205-214

TABLE 4
ESTIMATED RESEARCH EXPENDITURE
CANADIAN DENTAL SCHOOLS
1954 and 1964

YEAR	SOURCE				TOTAL
	N.R.C.	D.N.H. & W.	INDUSTRY	OTHER	
1954*	\$ 26,870	\$30,000	...	\$20,000	\$ 76,870
1964	\$194,400	\$48,500	\$44,700	\$59,800	\$347,400

*Source: Trans. C.D.A. 1954-55, pp. 152-155

*STATEMENT ON
USE OF THE CLASSIFICATION OF THE COUNCIL ON DENTAL
THERAPEUTICS OF THE AMERICAN DENTAL ASSOCIATION IN
PUBLIC ADVERTISING IN CANADA*

Council on Research
Canadian Dental Association

The policy of the Council on Dental Therapeutics of the American Dental Association concerning the use of its statements in public advertising in Canada for products which have been approved in the United States, was re-confirmed in January, 1965. The A.D.A. policy, together with that of the Canadian Dental Association, is set out below.

1. The Council on Dental Therapeutics of the American Dental Association does not wish its classification to be used outside the boundaries of the United States. The Council feels that its responsibilities are to the American public, not others. Furthermore, A.D.A. classification refers solely to the American-manufactured products. The Council on Dental Therapeutics can assume no responsibility for therapeutic claims of products made elsewhere. These two points, primary responsibility to the American public and lack of control of products manufactured outside the U. S., dominate the policy of the Council on Dental Therapeutics of the A.D.A.
2. The American Dental Association, in the interests of good relations with other professional dental organizations such as the Canadian Dental Association, would grant permission for its classification statements to be used outside the United States, but only on the expressed wish of the latter. Permission would be granted rather reluctantly, and, in Canada, only if the Canadian Dental Association took formal positive action, e.g. "expressly requested", "approved", or "sanctioned". At the same time, in conformity with the policy as stated in paragraph 1, the A.D.A. have made it quite clear that they would prefer not to be placed in a position of having to consider such a request.
3. The Canadian Dental Association does not screen advertising copy for dental products sold in Canada except when asked to do so. Then it is done only to ensure that the message in no way involves the name of the Association. The opportunity to do such screening is appreciated. The Association has no facilities to test or evaluate products and to develop a classification system such as that used by the American Dental Association. For this reason the C.D.A. cannot officially screen advertising material for accuracy, therapeutic claims, etc. The latter is admirably done by the Food and Drug Division of the Department of National Health and Welfare with the advice of the Dental Division of the Department. The Canadian Dental Association is satisfied to have this arrangement continued.
4. The Canadian Dental Association can appreciate the marketing value of a formal "statement of approval" in connection with dental products, whether such a statement originates in Canada or in the United States.

Nevertheless the Canadian Dental Association will take no action that might embarrass the American Dental Association. The C.D.A. will not request or "approve" the use of statements of the Council on Dental Therapeutics of the A.D.A. in advertising dental products manufactured in Canada.

ADOPTED

February 1965.

Appendix C

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water causes no ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

Appendix D

FELLOWSHIPS AND STUDENTSHIPS 1964-65

A. <i>Reprints</i> <i>Grantee</i>	<i>Reference</i>	<i>Amount</i>
G. Poyton	Multi-layer Tomography in radiographic examination of temporomandibular joints. Jour. Canad. D.A. 30 (6):347, June 1964.	
K. J. Paynter and	Morphogenesis of the rat first molar.	
A. M. Hunt	Arch. Oral Biol. 9:611-625, 1964.	
G. Nikiforuk and	Sulfate metabolism in rat dentition	
A. M. Hunt	Arch. Oral Biol. 10:1965 (in press).	
J. D. Spouge	Hemostasis in dentistry, with special reference to hemocoagulation. Oral Surg. Oral Med. Oral Path. 18:445-454, 583-592, 701-712, 1964.	
		Estimated Total \$250

RESEARCH

B. Fellowships

<i>Grantee</i>	<i>Purpose</i>	<i>Amount</i>
P. A. Bell, Toronto, Ont.	For study leading to the degree of Master of Science in Dentistry in the Departments of Oral Pathology and Radiology, University of Toronto.	\$2,350
D. V. Chong, Toronto, Ont.	For study leading to the Diploma in Bacteriology, School of Medicine, University of Toronto, as preparation for an M.Sc.D. degree programme, Faculty of Dentistry, University of Toronto.	\$2,350
Lovely, F. W. Halifax, N.S.	To continue studies leading to the M.S. degree in Oral Surgery, University of Michigan, Ann Arbor, Michigan.	\$2,725
Total		\$7,425

C. Studentships

<i>Grantee</i>	<i>Sponsor</i>	<i>Time</i>	<i>Amount</i>
A. T. Ball University of Manitoba II Year	Dr. J. R. Trott Oral Pathology University of Manitoba	3 mo.	\$ 855
H. Briggs McGill University III Year	Dr. J. deVries Department Bacteriology Montreal General Hospital	3 mo.	915
C. E. Donovan University of Alberta II Year	Dr. R. V. Blackmore Division Dental Research University of Alberta	3 mo.	855
E. J. Hannigan Dalhousie University III Year	Dr. C. E. Van Rooyen Department Bacteriology Dalhousie University	3 mo.	915
F. Michaud University of Montreal III Year	Dr. G. Perreault Department Pathology University of Montreal	3 mo.	915
S. Wachna University of Toronto II Year	Dr. D. G. Woodside Division Dental Research University of Toronto	3 mo.	855
			\$5,310

Appendix E

CANADIAN DENTAL ASSOCIATION FELLOWSHIPS AND STUDENTSHIPS 1948-1964

<i>Year</i>	<i>Graduate</i>	<i>Undergraduate</i>	<i>Total</i>
1948	\$ 1,400		\$ 1,400
1949	2,300		2,300
1950	2,300		2,300
1951	3,800		3,800

RESEARCH

Appendix E

1952	1,700		1,700
1953	1,200		1,200
1954	3,700		3,700
1955	2,100	1,000	3,100
1956	5,600	400	6,000
1957	5,700	900	6,600
1958	12,400	4,500	16,900
1959	3,900	3,200	7,100
1960	2,500	5,400	7,900
1961	4,000	6,900	10,900
1962		7,020	7,020
1963	4,451	8,097	12,548
1964	5,237	9,345	14,582
1965	7,425	5,310	12,735
TOTALS	<u>\$69,713</u>	<u>\$52,072</u>	<u>\$121,785</u>

Appendix F

CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET*Assets**Current account:*

Accrued interest on bonds \$ 199.41

Capital account:

Cash in trust company \$ 128.15

Government and government guaranteed
bonds, at cost (par value \$18,100.00) ... 18,092.00 18,220.15\$18,419.56*Surplus**Current account* 199.41*Capital account:*

Balance, December 31, 1963 18,220.15

\$18,419.56

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1964

Receipts

Cash in trust company, December 31, 1963 \$ 128.15

Interest on investments held by trust company .. \$ 634.50 686.83

Bank interest 52.33

\$ 814.98

RESEARCH

<i>Disbursements</i>	
Trust company's fees to December 31, 1964	\$ 44.26
Transfers to Canadian Dental Association, General Account (including \$151.00 remitted by National Trust Company Limited on December 31, 1964)	642.57
Cash in trust company, December 31, 1964	128.15
	\$ 814.98

COMMENT AND ACTION

- 1. Information. Concur in the sentiment expressed.
- 2. (a) Information.
(b) Agree.
- 3. Agree.
- 4. Information. Appendix A contains a wealth of valuable information. It is gratifying to view the significantly increasing growth and extent of dental research in Canada.
- 5. Information. Appreciation is extended to granting agencies.
- 6. Information.
- 7. (a) Approve.
(b) Information.
(c) (i) Information.
(ii) Agree. Recommend referral to Council on Journalism for implementation.
(d) (i) Information.
(ii) Agree.
- 8. Agree.
- 9-11. Information. Approve expenditures reported in Appendix D.
We recommend the adoption of the report of the Council on Research.

APPROVED

MEMBERS: *K. M. Baird, Chairman, Ottawa; M. B. Archambault, Montreal.*

REPORT

1. To the Most Reverend Napoleon A. Labrie, Titular Bishop of Hilta.
The Board of Governors of the Canadian Dental Association wishes to extend their sincere thanks for your benediction at the opening session, May 26, 1965.
2. To His Excellency the Lieutenant Governor of the Province of Quebec and Madame Comtois.
The Board of Governors of the Canadian Dental Association wishes to express its sincere thanks on the occasion of the delightful reception tendered to the wives of the Governors.
3. To the Prime Minister, the Honourable Jean Lesage and the members of the Executive Council of the Province of Quebec.
The Board of Governors of the Canadian Dental Association wishes to express its appreciation and thanks for the interest shown towards our Association.
4. To Madame Jean Lesage.
The Board of Governors of the Canadian Dental Association wishes to express gratefulness for the interest you have shown to our wives on the occasion of the Breakfast which took place at the Café du Parlement.
5. To Dr. Louis Bernier, General Chairman, 1965 Convention Committee, Quebec City, P.Q.
The Board of Governors of the Canadian Dental Association wishes to convey to you and the members of the 1965 Convention Committee a sincere vote of thanks for the splendid clinical and social program and the meticulous arrangements made for the 1965 convention program.
6. To the President of the Canadian Dental Association, Dr. Remy Langlois and Madame Langlois.
The Board of Governors of the Canadian Dental Association wishes to convey sincere thanks to Dr. and Madame Langlois for the most delightful reception enjoyed by the delegates and their wives at the Cercle Universitaire, Quebec.
7. To the President of the Dental Association of the Province of Quebec, Dr. Andre Grenon.
The Board of Governors of the Canadian Dental Association wishes to convey to Dr. Andre Grenon and the members of the Dental Association of the Province of Quebec most sincere thanks for their kindness and co-operation in making our joint meeting in Quebec, May 30-June 2, 1965, such an outstanding success.
8. To Mrs. Gustave Ratté, Chairman of the Committee for Entertainment of Ladies during Board of Governors Meeting.
The Board of Governors of the Canadian Dental Association wishes to express most sincere appreciation for the program arranged by your com-

RESOLUTIONS, SPECIAL

mittee for the ladies' entertainment during the Board of Governors Meeting.

9. To Mrs. Jules Hamel, Chairman of Ladies Convention Committee.

The Board of Governors of the Canadian Dental Association wishes to express most sincere appreciation for the program arranged by your committee for the ladies' enjoyment during the convention.

10. To Headquarters Staff, Canadian Dental Association and the Staff of the College of Dental Surgeons of Quebec.

The Board of Governors of the Canadian Dental Association wishes to express sincere thanks for your cheerful and efficient services above and beyond the call of duty.

11. To the President of the Procter & Gamble Company of Canada Limited, Toronto.

The Board of Governors of the Canadian Dental Association wishes to convey to the Procter & Gamble Company of Canada Limited appreciation of the contribution to the scientific program of this convention in arranging for the simultaneous translation service.

12. To the President of the Colgate Palmolive Co. Limited.

The Board of Governors of the Canadian Dental Association wishes to express appreciation for providing favours to the wives of the members of the Board of Governors; the dentists and their wives; to dental hygienists and to dental assistants, and for their generous financial assistance.

13. To the Mayor and Members of Council of the City of Quebec.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the financial grant to our convention and for the assistance in promoting our convention to our members in all parts of Canada.

14. To the General Manager and Staff of the Chateau Frontenac.

The Board of Governors of the Canadian Dental Association wishes to express appreciation for the consideration extended to our association and for the excellent arrangements and cooperation of every member of your staff all of which has helped to make our convention such a pleasing success.

15. To the President and Directors of the Cercle Universitaire, Quebec.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the use of your premises for a reception to the delegates at our convention. Working at short notice and probably under great difficulties your staff provided a delightful function which greatly impressed out of town visitors from every part of Canada.

16. To the President of the College of Dental Surgeons of the Province of Quebec, Dr. Henri Brouillet.

The Board of Governors of the Canadian Dental Association wishes to express their appreciation for the most delightful reception enjoyed by the delegates and their wives at the Chateau Frontenac.

MEMBERS: *M. A. Rogers, Chairman, Montreal; H. T. Oliver, Montreal; J. J. McCarthy, Montreal; P. J. Gitnick, Montreal.*

REPORT

The Royal College of Dentists of Canada

1. This committee is pleased and proud to be able to announce that, at long last, the Royal College of Dentists of Canada has been established. Bill S-44, to incorporate the College was successfully defended before a Senate Committee on November 25th, 1964 and before a Commons Committee on March 2nd, 1965. The Parliament of Canada approved the bill on March 4th, 1965 and Royal Assent was given on March 18th, 1965.
2. During the past two years, many people have devoted much time and energy to this cause. This committee expresses its appreciation to all of these and especially to Dr. Don W. Gullett and Mr. Gordon Watson, the Association solicitor.
3. We believe that this is a significant achievement and hope that the College may now move along rapidly to world-wide recognition. This can only happen if it receives the support of every dentist and every dental organization in Canada and all are reminded that apathy is often a greater threat than is antagonism.
4. The Provisional Council of the College as named by the Board in 1962 will meet September 16-17 at Toronto. The provincial licensing bodies have all been advised and are cooperating in supplying necessary information to that Provisional Council.
5. The societies representing the three recognized specialties of Oral Surgery, Orthodontics and Periodontics have also been advised and asked to give guidance to the College.
6. This committee is preparing proposals for By-laws, Seal, Diplomas, Budget, etc. for consideration by the Provisional Council.

Prosthodontics

7. On December 4th, 1964, this committee received an application from the Canadian Academy of Prosthodontics for the recognition of prosthodontics as a specialty field of dental practice and of prosthodontists as specialists.
8. This committee is satisfied that the Canadian Academy of Prosthodontics, formed in 1961, is the organized group representing prosthodontics in Canada.
9. There can be little doubt that there is a need for specialists in prosthodontics as teachers, researchers and for service to patients in selected cases.
10. Specialists in prosthodontics are now recognized in the provinces of Quebec, Alberta and New Brunswick and some are so certified. The specialty has been recognized for some years in the United States and 21 American schools offer graduate courses in prosthodontics leading to a certificate or degree.

SPECIALISTS AND SPECIALIZATION

11. The Canadian Academy of Prosthodontics offers the following definition of the specialty:

"That branch of dental practice which is concerned with the restoration and maintenance of occlusion through the replacement of oral structures, and the correction or concealment of facial deformities by means of removable appliances, together with such fixed restorations as may be necessary to support these procedures."

12. This committee recommends that this association recognize prosthodontics as a specialty branch of dental practice and prosthodontists as specialists.

Paedodontics

13. You will recall that, at the annual meeting of the Board of Governors in Edmonton in 1964, application for recognition of paedodontics as a specialty and for the creation of a new section was received from the Canadian Academy of Paedodontics. This matter was referred jointly to this committee and to the Section of Dentistry for Children.

14. Considerable correspondence ensued between those concerned and, finally, a meeting took place at C.D.A. Headquarters in Toronto on December 8th, 1964 between the chairman of this committee, the secretary and chairman of the National Council of the Canadian Society of Dentistry for Children and the President of the Canadian Academy of Paedodontics. It was agreed that no new section should be created but rather that the Canadian Academy of Paedodontics recognize the existing one and become the specialty group within the framework of the existing Canadian Society of Dentistry for Children.

15. On January 12th, 1965 the President of the Canadian Academy of Paedodontics reported these changes to the Secretary of the C.D.A. On March 20th, 1965 the Chairman of the National Council of the Canadian Society of Dentistry for Children also reported these changes to the Secretary of the C.D.A. and stated that "The C.S.D.C. enthusiastically endorses the application of the Academy for specialty recognition in Paedodontics".

16. The following definition of paedodontics is offered:

The practice of dentistry devoted to children especially in those areas that require a dentist to have a thorough knowledge and skill to adequately participate in paedodontic practice, consultation, teaching, research, hospital work and specialized care for the sick and handicapped.

17. This committee has considered all of these points at length and notes, with interest, that the specialty of paedodontics is recognized in the provinces of Ontario, Alberta, British Columbia, New Brunswick and Manitoba and that 20 paedodontists are already certified in Canada.

18. The American Dental Association recognizes the specialty of paedodontics and graduate courses in paedodontics are offered in 21 U.S. schools and two Canadian schools, Universities of Alberta and Toronto.

19. Members of this Board are well aware that there exist today those who

SPECIALISTS AND SPECIALIZATION

would place dentistry for our children within the scope of certain trained personnel other than licensed dentists. This trend alone should make us all aware that strength is needed in the field of paedodontics. Dentists with special training in paedodontics are necessary as teachers and researchers and for the special care of selected cases.

20. This committee recommends, therefore, that this association recognize paedodontics as a specialty branch of dental practice and paedodontists as specialists.

COMMENT AND ACTION

1. Noted with pleasure.
2. Noted with appreciation.
3. Agreed.
- 4-7. Information.
- 8-11. Agreed.
12. Agreed and we present the following resolution:
Whereas ample proof has been shown in the need for research, teaching and care of special cases, and
Whereas prosthodontics is already recognized as a specialty by three provinces and by the American Dental Association, and
Whereas the Canadian Academy of Prosthodontics does exist and is the only organization of Prosthodontics in Canada, therefore be it resolved
That the Canadian Dental Association recognize prosthodontics as a specialty of dentistry and that prosthodontists be recognized as specialists.

ADOPTED

- 13-15. Information.
- 16-19. Agreed.
20. Concurred.
Whereas ample proof has been shown in the necessity for paedodontics: practice, consultation, teaching, research, hospital work and specialized care for the sick and handicapped, and
Whereas paedodontics is recognized as a specialty by four provinces and
Whereas the Canadian Academy of Paedodontics does exist as a specialty group within the Canadian Society of Dentistry for children therefore be it resolved
That the Canadian Dental Association recognize paedodontics as a specialty of dentistry and that paedodontists be recognized as specialists.

ADOPTED

We recommend that the Report on Specialists and Specialization be adopted.

APPROVED

REPORT

1. *Addition to Headquarters*

1964 saw the completion of the addition to the existing building and the installation of furniture and equipment. Payment for same has been possible without disposing of any bonds from the Reserve Fund.

2. *Financial Statement*

Our operation for the year resulted in a deficit of \$11,651 after a transfer to the Reserve Fund of \$15,000. The estimated deficit for the year was \$12,209.

3. *Annual Convention*

The annual convention in Edmonton was a most successful one from all aspects. Financially, the contribution to the C.D.A. was \$6,237. The amount in the budget for this item was \$1,000.

4. *Cash in General Account and Reserve Fund*

As of December 31, 1964, cash in the general account amounted to \$42,531 and in the Reserve Fund \$34,081. Since our main source of revenue is from the Corporate Members and the first payments to be received are usually in April, it is recommended that the cash in the Reserve Fund be retained until such time as we are sure that sufficient money is available to carry on the operation of the association.

5. *Grants from Corporate Members*

All provinces are paying on the basis of \$40 per member with the exception of Quebec, which is paying on the basis of \$25 per member.

6. The financial statement appears as Appendix A.

7. Comments on the financial statement appear as Appendix B.

8. Changes in bond holdings (1964) appear as Appendix C.

9. The bond list of reserve and trust funds appears as Appendix D.

10. The 1966 Budget approved by the Executive Council appears as Appendix E and its adoption is recommended, including revision of 1965 budget expenditures.

11. The firm of Thorne, Mulholland, Howson and McPherson were appointed auditors for 1965 by the Executive Council.

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1964, and the statements of revenue and expenditure for the year ended on that date. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion the accompanying balance sheet and related statements of revenue and expenditure present fairly the financial position of the Association as at December 31, 1964, and the results of its operations for the year ended on that date, on a basis consistent with that of the preceding year.

Toronto, Canada,

January 29, 1965.

Thorne, Mulholland, Howson & McPherson
Chartered Accountants

TREASURER

BALANCE SHEET

December 31, 1964

Assets

General Account:

Cash		\$ 42,531	
Accounts receivable		2,591	
Prepaid expenses and air travel deposit		3,411	
Land, 234 St. George Street, Toronto, at cost ...		5,100	
Building, 234 St. George Street, Toronto, at cost	\$193,239		
Less Accumulated depreciation ...	26,813	166,426	
Furniture and fixtures, at cost	67,977		
Less Accumulated depreciation ...	35,171	32,806	\$252,865

War Memorial Award Fund:

Cash		617	
Government and government guaranteed bonds, at cost (market value \$8,140)		8,490	
Interest accrued on bonds		88	9,195

The Grieve Memorial Lectureship Fund:

Cash		423	
Government and government guaranteed bonds, at cost (market value \$5,162)		5,348	
Interest accrued on bonds		75	5,846

Library Trust Fund:

Cash		498	
Books	11,696		
Less Accumulated depreciation ...	11,695	1	499

Reserve Fund:

Cash		34,081	
Government and government guaranteed bonds, at cost (market value \$171,500)		174,548	
Interest accrued on bonds		2,350	210,979

Employees' Pension Account:

Cash			2,556
			<u>\$481,940</u>

*Liabilities and Surplus**General Account:*

Accounts payable to suppliers	\$ 2,973		
Unexpected balance of grant from National Cancer Institute	512		
Surplus, December 31, 1963 ...	\$236,031		
Transfer from Reserve Fund for cost of addition to building	25,000		
	261,031		
Deficit for year 1964	11,651	249,380	252,865

War Memorial Fund:

Surplus, December 31, 1963	9,145		
Surplus for year 1964	50		9,195

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1963	5,832		
Surplus for year 1964	14		5,846

Library Trust Fund:

Accounts payable	74		
Surplus, December 31, 1963	833		
Deficit for year 1964	408	425	499

Reserve Fund:

Surplus, December 31, 1963	212,054		
Transfer to General Account	25,000		
Surplus for year 1964	23,925	1,075	210,979

Employees' Pension Account:

Account payable	2,326		
Surplus, December 31, 1963	191		
Surplus for year 1964	39	230	2,556
			\$481,940

TREASURER

GENERAL ACCOUNT STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1964

Revenue

Grants from corporate members:

British Columbia	\$ 28,920	
Alberta	19,920	
Saskatchewan	7,320	
Manitoba	10,890	
Ontario	101,408	
Quebec	36,000	
New Brunswick	4,000	
Nova Scotia	8,200	
Prince Edward Island	1,200	
Newfoundland	1,240	\$219,098
National convention, 1964		6,237
Advertising, CDA Journal		66,446
Subscriptions, CDA Journal		1,301
Sale of publications, other than Journal		12,273
Council on Research:		
Donations	5,500	
Transfers from The Canadian Dental Research Foundation	632	6,132
Associate membership		1,109
Proceeds from sale of fully depreciated equipment		240
		\$312,836

Expenditure

CDA Journal:

Printing	37,402	
Commissions	23,272	
Cuts and postage	3,417	64,091
Federation Dentaire Internationale		1,820
Grant to Library Trust Fund		1,500
Grant to Canadian Fund for Dental Education ...		5,020
Royal College of Dentists of Canada		387
Council on Research		4,876
Fellowships and studentships		12,827
Salaries		100,452
Officers' and employees' pension plan		10,188
Unemployment insurance		446
Health insurance		1,738
Expense reimbursements		21,360
Annual meeting		16,238
Legal and audit		1,225
Contingency Fund		2,174
Publication expenses, other than Journal		29,690
Translations		725

Office supplies and miscellaneous expenses	5,710
Telephone and telegraph	2,095
Postage	4,621
Depreciation, building	4,831
Depreciation, furniture and fixtures	4,936
Repairs and maintenance	6,592
Transfer to Reserve Fund	15,000
Insurance	850
Light, water and power	2,712
Taxes	2,383
	324,484
Deficit for year, after giving effect to the transfer of \$15,000.00 to Reserve Fund	11,651
	\$312,836

*WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE*

Year ended December 31, 1964

Revenue

Bond interest	\$335
Bank interest and exchange	15
	\$350

Expenditure

Essay awards	300
Surplus for year	50
	\$350

*THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE*

Year ended December 31, 1964

Revenue

Bond interest	\$245
Bank interest	14
	\$259

Expenditure

Orthodontic Section of Canadian Dental Association	245
Surplus for year	14
	\$259

TREASURER

LIBRARY TRUST FUND STATEMENT OF REVENUE AND EXPENDITURE Year ended December 31, 1964

Revenue

Grant, Canadian Dental Association, from General Account	\$1,500
Bank interest	39
	\$1,539

Expenditure

Binding books, journals, etc.	633
Depreciation, books	1,314
	1,947
Deficit for year	408
	\$1,539

RESERVE FUND

Statement of Revenue

Year ended December 31, 1964

Transfer from General Account	\$15,000
Interest on bonds	8,318
Bank interest	599
Profit on redemption of bond	8
Surplus for year	\$23,925

EMPLOYEES' PENSION ACCOUNT

Statement of Revenue

Year ended December 31, 1964

Bank interest	\$39
Surplus for year	\$39

Appendix B

COMMENTS ON FINANCIAL STATEMENT

1. A deficit of \$11,651 after transferring \$15,000 to the reserve fund. The main items that account for the deficit are
 - (1) Publication expenses (other than Journal) are up approximately \$5,000 over the previous year.
 - (2) Repairs and Maintenance including inside painting, extensive plumbing, roofing repairs and landscaping exceeded budget also by approximately \$5,000.
2. Balance in general account December 31, 1964 — \$42,360.09.

3. Reserve Fund:
- (1) Interest
- | | |
|----------------------|-------------|
| Bond Interest 1963 — | \$ 5,628.32 |
| Bond Interest 1964 — | 8,318.00 |
| Bank Interest 1963 — | \$ 3,468.88 |
| Bank Interest 1964 — | 599.00 |
- (2) Transfer to Reserve
- | | |
|--------|-------------|
| 1963 — | \$15,000.00 |
| 1964 — | 15,000.00 |
- (3) Balance in Reserve Fund
- | | |
|---------------------|------------------------------------|
| December 31, 1963 — | \$212,054.10 (\$59,434.81 in cash) |
| December 31, 1964 — | 210,979.00 (\$34,081.00 in cash) |

Appendix C

*CHANGES IN BOND HOLDINGS**During 1964**RESERVE FUND (only)**Purchased*

\$25,000 Quebec Hydro-Electric Commission 5½ % Sinking Fund Debentures Due March 1, 1984	\$24,312.50
---	-------------

Matured

\$ 500 Province of British Columbia 3% Bond, Due June 15, 1964	\$ 500.00
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*Due in 1965**Province of Ontario*

4,000 3% Sept. 1, 1965 —	Reserve Fund
1,000 3% April 15, 1965 —	War Memorial Scholarship Fund

Appendix D

*BONDS**Government and Government Guaranteed**RESERVE FUND*

	<i>Par</i>	<i>Paid</i>
<i>Government of Canada</i>		
5¼ % October 1, 1975	\$15,000.00	\$15,000.00
3¼ % June 1, 1976	1,000.00	990.00
3¼ % June 1, 1976	2,000.00	1,997.50
3¼ % October 1, 1979	1,000.00	972.50
3¼ % October 1, 1979	10,000.00	9,750.00
3¼ % October 1, 1979	5,000.00	4,550.00
3¾ % January 15, 1978	10,000.00	9,650.00
5½ % April 1, 1969	15,000.00	14,737.50
<i>Province of Ontario</i>		
4 % January 1, 1966/68	1,000.00	997.50
3 % September 1, 1965	4,000.00	4,000.00
4¼ % May 15, 1971/74	3,000.00	3,000.00
5 % July 15, 1975	15,000.00	14,850.00

TREASURER

4¼ % May 15, 1971/74	2,000.00	2,012.50
<i>Province of Quebec</i>		
4 % April 15, 1966	1,000.00	995.00
5¾ % February 1, 1986	5,000.00	4,962.50
<i>Province of Prince Edward Island</i>		
4¼ % December 1, 1967	1,000.00	993.75
<i>Province of New Brunswick</i>		
3¾ % April 15, 1970	1,000.00	987.50
<i>Province of Nova Scotia</i>		
5 % December 15, 1973	5,000.00	4,962.50
<i>Manitoba Telephone</i>		
5½ % December 2, 1986	10,000.00	10,000.00
<i>Alberta Government Telephone Debentures</i>		
4¼ % July 2, 1978	2,000.00	1,960.00
<i>Alberta Municipal Finance Corporation</i>		
5½ % April 1, 1983	10,000.00	10,025.00
<i>Hydro-Electric Power Commission of Ontario</i> <i>(Guaranteed by Province)</i>		
4¼ % July 15, 1969	2,000.00	1,985.00
3 % April 1, 1968/70	500.00	498.75
4¾ % August 15, 1975	2,000.00	1,940.00
5 % November 15, 1976	5,000.00	4,975.00
5 % October 15, 1978	5,000.00	4,925.00
5 % November 15, 1976	10,000.00	9,700.00
<i>Hydro-Electric Commission (Guaranteed</i> <i>by Province of Quebec)</i>		
5% November 15, 1982	\$ 1,000.00	\$ 983.50
<i>Quebec Hydro-Electric Commission</i>		
5½ % Sinking Fund Debentures		
March 1, 1984	25,000.00	24,312.50
<i>Canadian National Railway (Guaranteed</i> <i>by Government of Canada)</i>		
3¾ % February 1, 1972/74	3,000.00	2,985.00
4% February 1, 1981	5,000.00	4,850.00
As of December 31, 1964	<u>\$177,500.00</u>	<u>\$174,548.50</u>

GRIEVE MEMORIAL LECTURESHIP FUND

<i>Government of Canada (Conversion Loan)</i>		
4½ % September 1, 1983	\$ 3,500.00	\$ 3,408.13
4½ % September 1, 1983	1,000.00	935.00
<i>Hydro-Electric Power Commission of</i> <i>Ontario (Guaranteed by Province)</i>		
4½ % November 1, 1964/67	1,000.00	1,005.00
As of December 31, 1964	<u>\$ 5,500.00</u>	<u>\$ 5,348.13</u>

WAR MEMORIAL SCHOLARSHIP FUND

Government of Canada (Conversion Loan)

4½ % September 1, 1983 \$ 2,500.00 \$ 2,621.87

Province of Ontario

3% April 15, 1965 1,000.00 997.50

4¼ % May 15, 1971/74 1,000.00 1,006.25

Province of Quebec Debentures

6% October 15, 1988 1,000.00 995.00

Province of Manitoba

3% February 16, 1967 1,000.00 993.75

Province of Nova Scotia

3% December 15, 1967 1,000.00 890.00

*Hydro-Electric Power Commission of**Ontario (Guaranteed by Province)*

3% January 15, 1968 1,000.00 986.00

As of December 31, 1964 \$ 8,500.00 \$ 8,490.37

Appendix E

1966 BUDGET

	Revenue 1964 Budget	1964 Actual	1965 Budget	1966 Budget
Grants from Corporate Members				
British Columbia	\$ 27,000	\$ 28,920	\$ 28,000	\$ 28,900
Alberta	18,520	19,920	19,500	19,900
Saskatchewan	7,000	7,320	7,500	7,300
Manitoba	11,000	10,890	11,000	10,900
Ontario	102,500	101,408	98,500	101,500
Quebec	35,000	36,000	35,000	36,000
New Brunswick	4,000	4,000	4,000	4,000
Nova Scotia	8,500	8,200	8,400	8,300
Prince Edward Island ..	1,250	1,200	1,250	1,200
Newfoundland	1,300	1,240	1,200	1,250
Advertising—CDA Journal .	69,000	66,446	68,000	68,000
Subscriptions—CDA Journal	1,200	1,300	1,200	1,200
Publications—				
other than Journal	8,000	12,273	10,000	8,000
Annual Convention	1,000	6,237	1,000	1,000
Associate Memberships	500	1,109	1,000	1,200
Council on Research—donation				
—interest from CDRF ..		632	600	600
Totals	\$295,770	\$307,095	\$296,150	\$299,250

TREASURER

	<i>Expenditures</i>			
	1964	1964	1965	1966
	<i>Budget</i>	<i>Actual</i>	<i>Revised Budget</i>	<i>Budget</i>
Studentships	\$ 11,900	\$ 12,827	\$ 13,000	\$ 14,000
Journal — printing	42,000	37,402	42,000	43,500
— commissions	25,500	23,272	23,750	25,000
— cuts & postage ..	3,200	3,417	3,500	4,200
Federation Dentaire				
Internationale	1,800	1,820	1,800	1,800
Salaries	92,110	100,452	108,000	99,500
Pension Plan	8,500	10,188	9,000	8,000
Unemployment insurance ...	450	446	500	500
Health insurance	2,200	1,738	2,200	2,200
Expense re-imbursements ..	26,650	26,236	28,000	28,400
Annual meeting	18,329	16,238	15,000	16,000
Legal and audit	1,250	1,225	1,250	1,250
Publications, other than				
Journal	25,000	29,690	28,690	28,000
Library	1,500	1,500	1,500	1,500
Translations	1,000	725	1,000	1,000
Office supplies & expenses .	8,000	5,710	6,000	7,500
Telephone & telegraph	2,024	2,095	2,000	2,000
Postage	4,000	4,621	4,500	4,500
Insurance	600	850	900	900
Repairs & maintenance	2,000	6,592	2,000	2,000
Light, heat & water	2,750	2,712	2,750	2,750
Taxes	1,800	2,383	3,500	3,500
Contingency fund	10,000	2,174	10,000	10,000
Depreciation	5,000	9,767	12,500	12,500
Transfer to reserve	10,000	15,000		
Sundry	500		500	500
Can. Fund for				
Dental Education		5,020	5,000	5,000
Royal College of Dentists ..		387	5,000	3,000
1967 Convention				3,000
	<u>\$308,063</u>	<u>\$324,487</u>	<u>\$333,150</u>	<u>\$332,000</u>

COMMENT AND ACTION

1-3. Information. It was noted a letter of congratulations and thanks has already been sent to the Alberta Dental Association.

4-11. Information.

The Treasurer is to be commended for the lucid and comprehensive statement of our financial status. It is recommended that the Treasurer's report be adopted.

APPROVED

MEMBERS: *G. Baril, Chairman, Montreal; A. Raymond, Montreal; D. J. Munro, Montreal; S. Silver, Montreal; G. Pelletier, Montreal.*

REPORT

1. The title for the 1964-65 annual competition reads as follows: Management of Dental Emergencies.
2. There were eight entries, a very interesting improvement over last years' five entries.
3. Each of the following universities sent in two entries: McGill, Toronto, Alberta and the University of Montreal.
4. The committee regrets to report that both entries from the University of Montreal had to be disqualified, because they were well beyond the five thousand words limit. The committee had obviously no choice, and this decision was unanimous. The need for conciseness should be emphasized.
5. The winners are:
 1st prize Mr. D. C. Chin, McGill University.
 2nd prize Mr. A. E. Dempster, University of Toronto.
6. According to the normal procedure the pleasant task of notifying the winners is left to the Secretary.
7. The judges were this year: Dr. Herbert Caplan, Dr. O. Sykora, Dr. Florent T  rriault. They generously accepted this delicate task and proceeded with celerity and care. The committee wishes to express to them its deepest appreciation.
8. The particulars for the 1965-66 annual competition have already reached the people concerned, thanks to the care of the secretary's office.
9. Certain theses carried annotations and even marks given by the correctors at the university level. The committee wishes to point out that these are very disturbing for our correctors.
10. The Executive Council has approved the recommendation of the War Memorial Awards Committee that the 1966-67 competition essay title shall be: "Occlusion: Its Significance to the Maintenance of the Natural Dentition."

Appendix A

1965-66	<i>Title:</i>	Dental Calculus: The Mechanism of its Formation and its Effects on Oral Health.
	<i>Reason:</i>	With improved measures in preventive dentistry and in retention of the natural dentition, the problem of calculus is becoming of paramount importance in oral health.

WAR MEMORIAL AWARDS

- 1966-67 *Title:* Occlusion: Its Significance to the Maintenance of the Natural Dentition.
 Reason: Occlusion is a factor dependent upon every field of dentistry.

Reservoir of Future Titles

- (a) *Title:* A comparative study of the modern concepts of endodontic treatment.
 Reason: The average graduate being usually more familiar with a given technique of endodontic therapy, it is very important that he also familiarize himself with the various concepts of treatment that are available today.
- (b) *Title:* The etiology and manifestation of temporomandibular joint disturbances.
 Reason: The importance of temporo-mandibular joint in the routine practice of dentistry is too frequently forgotten. An increasing number of difficulties associated with T.M.J. disturbances are being recognized and many of them are associated with aberrations of the masticatory mechanism.
- (c) *Title:* Philosophy and justification of full mouth rehabilitation.
 Reason: The dentist should be fully aware of the scope of full mouth rehabilitation and its implications.

COMMENT AND ACTION

1. Information.
2. Noted.
- 3-4. Information.
5. Winners to be congratulated.
6. Information.
7. Noted with appreciation to the judges.
8. Information. The dental schools should be advised of this change and, in the same letters, strong emphasis should be given to the regulation pertaining to the limitation on the number of words permitted in submitted essays.
- 9-10. Noted. We recommend that, in future, essay titles should appear in both French and English.
 We recommend the adoption of the report of the War Memorial Awards Committee, and commend the Committee.

APPROVED

*ANNUAL MEETING
CANADIAN DENTAL ASSOCIATION*

The annual luncheon meeting of the Canadian Dental Association was held in the Chateau Frontenac Hotel, Quebec, on Monday, May 31, 1965, commencing at 12.30 p.m. The retiring President, Dr. Remy Langlois of Quebec City, presided.

Invocation was pronounced by Dr. Louis Bernier followed by the toast to the Queen, and the toast to the President of the United States.

PRESIDENT LANGLOIS: Ladies and Gentlemen, I will now call you to order, please. As time is limited I will not introduce the head table guests. You have the names of all those at the head table on the last page of your menu.

I have a new announcement to make. We have at the present time representatives from Australia—around forty of them—and from Jamaica, and I would like to mention that Dr. Claude Wright has been officially delegated by the Jamaican Dental Association. I would like Dr. Wright to rise, if possible. Is he here? (Applause.) We also have representatives from Honolulu, Germany, England, and the United States.

The actual number of registered dentists is 850; the number of ladies is 700 which in the history of the Canadian Dental Association has never been reached before, because in the past the usual average has been from sixty to sixty-five per cent, and now it is around ninety per cent.

It is my privilege today to call on Dr. Fritz Pierson, the President of the American Dental Association who will give to you a message of greetings from his Association. (Applause.)

GREETINGS FROM AMERICAN DENTAL ASSOCIATION

DR. F. A. PIERSON: President Langlois, Distinguished Guests, Ladies and Gentlemen: I felt quite relieved when your President did not introduce me in French since I would have felt obliged to respond in the same language. Since my French vocabulary is limited to the ability to order ham and eggs which was once necessary for self-preservation, I am afraid it would be rather inappropriate for this time.

I have also looked at the schedule as to how much time I have and I assure you I am going to close within that time.

It is a very pleasant assignment to return to this lovely city, particularly when I can spend some time with the many friends I have been privileged to make among my Canadian colleagues.

I am pleased also to transmit the greetings of my officers and trustees of the American Dental Association and their very warm wishes for a successful meeting.

The geography of North America has made us neighbours, the inter-

weaving of our histories has made us mature friends and the similarity of the problems our professions face in both countries has encouraged us to weld professional bonds which are strong and I believe of great mutual benefit. Five years ago your Executive and our Board of Trustees met in the first joint session in the history of American dentistry. Two years ago we held the second of these meetings. Our discussions ranged over all the problems and challenges which face dentistry today — education of the public, fluoridation, specialists, associates of dental practice, the role of government in health and the problems of providing dental care for all people. In many of the investigation areas we agreed on a common course of action. In others the realities of life in our two countries dictated that we follow somewhat different paths. But in all instances the principles from which we operate and the goals which we seek are identical.

I do not know when the next joint session will be — perhaps next year — but I can assure you there will be many such sessions because we have found them to be both beneficial and necessary in these turbulent changing times.

Before I leave this podium I should like to extend a most cordial invitation to each of you here today and to your colleagues to visit the American Dental Association's 106th annual session this year. It will be held in Las Vegas, which is noted for many things. I assure you also it is noted for having one of the finest convention halls in the country and we look forward to having the largest and most comprehensive scientific program in our history.

To all of you I extend my personal wishes for a most successful and fruitful session in Quebec City and I look forward to meeting you once again. I cannot take my seat without thanking you for the fine hospitality which you have shown Mrs. Pierson and myself at this meeting. We intend to enjoy one more day of it. Thank you very much. (Applause.)

PRESIDENT LANGLOIS: Many thanks, Dr. Pierson, for these wonderful greetings.

PRESIDENT'S ADDRESS

(Following the presentation of his address in French, Dr. Langlois proceeded in English.)

PRESIDENT LANGLOIS: It is a great privilege and an honour to welcome you all on behalf of the Canadian Dental Association to this annual meeting. It is the first time that it is being held in Quebec, and I can assure you that the Quebecers have prepared a marvelous convention organization which will produce for you all a great scientific and social program. On your behalf I wish to thank Dr. Louis Bernier, the Convention Chairman, and all of his committee who have spared no time or energy to make this convention a most successful one. It is our greatest hope that you will enjoy yourself immensely, and that you will also profit by the scientific program. Will you stand, Dr. Bernier, please, and take a bow. (Applause.)

As you probably know, your representatives to the Board of Governors met here last week for four years. The main item of interest was the presentation and study of the report of our Steering Committee on the report of the Royal Commission on Health Services. May I say here that this Steering Committee along with our headquarters' staff have performed a tremendous task in collating, analyzing, and assorting opinions for a preliminary brief which was submitted to the Executive Council, amended and sent back to all concerned for more suggestions. After collating and assorting these new opinions and suggestions, they produced it in our approved form for submission to the Board of Governors. The process followed in the preparation of this report has resulted in the production of a report which, from my point of view, is national in scope. After about six hours of serious study and debate, the Board of Governors approved an amended statement which will be forwarded to the Minister of National Health and Welfare. The statement will also be published for every member of our Association to read.

During the meeting last week, the Board members, the Committee Chairmen and other interested dentists worked day and night to consider many other problems confronting dentistry: auxiliary services, dental public health, dental education, dental research, hospital services, and legislation were only some of the subjects that were discussed.

One of the main statements presented in our report was that too little emphasis had been placed by the Hall Report upon prevention and public health. It is pitiful to think that no government, whether federal, provincial or municipal, could make fluoridation a compulsory measure, as they have done for water chlorination or milk pasteurization. It is most regrettable that only one-fifth of the Canadian population can enjoy the beneficiary effects of fluoridation, when the cost would be so little to these governments and the effects so rewarding to the dental health of their citizens.

The *Journal* was facing a very serious situation with the resignation of the French editor, Dr. de Montigny. On behalf of our Association, I wish to pay him a special tribute for the tremendous amount of work he had to put into the French Section of the *Journal* in the last 18 years; may I add to this, a most successful achievement. French and English integration has been for the last eight months the new formula of the *Journal*. Most of its readers have enjoyed it, and requested that it be kept. After lengthy discussions, a French Associate editor was nominated in the person of Dr. Georges Pelletier. He will furnish Dr. Compton with French articles, will look after the translation of news items, etc. And the Editor, Dr. Compton, will have the entire responsibility for the *Journal*. The new formula will be used in the future, and it is my firm belief that it should never be altered, because it will do more toward cementing our two races and also toward unity within our profession.

It is now my privilege to proclaim the winners of the War Memorial Award. First prize (\$200) goes to D. C. Chin of McGill. The second prize (\$100) goes to A. E. Dempster of Toronto. Both their winning essays will be published in the *Journal*. On behalf of our Association, I extend to both winners our sincere congratulations.

ANNUAL ASSOCIATION MEETING

The Canadian Fund for Dental Education is now firmly established. The second annual report shows that the dental profession and dental industry have contributed around \$60,000; and consequently the Fund has granted six Fellowships to assist in training young dentists toward teaching careers.

As one of your delegates, I assisted in San Francisco in the deliberations of the Federation Dentaire Internationale. I was really overwhelmed by the amount of work performed by this organization which is badly in need of supporting members. Consequently, I appeal to you today, being sure you will never regret the \$16 yearly it will cost. This, of course, includes the reception of their Journal.

The Board of Governors, at its meeting here last week, recognized two additional dental specialties — paedodontics and prosthodontics. This brings the total now to five.

Now that the Royal College of Dentists has become incorporated by an Act of Parliament, a meeting of its provisional council has been arranged for September to begin operation of this new college.

The Board learned that two new dental committees have been formed to advise the federal government. The new Advisory Committee on Oral and Dental Health is to advise the Minister of National Health and Welfare. Under chairmanship of the federal dental director, this committee also includes the ten provincial dental directors and other dentists.

The other new committee is the Research Sub-committee on Dentistry to make recommendations concerning federal grants for dental projects.

The Board also approved recommendations for streamlining C.D.A. annual meetings, and to make it easier for dentists to participate in Board meetings. You will hear more about this at future meetings.

Time does not permit me to mention all the important matters considered by the Board of Governors, but to you I must say this: these men, most of whom sit at this head table, are selected by their provincial organizations to serve this Association and also you, the members. They come to this annual meeting to discuss at a national level the problems confronting our profession. Their aim is to serve the Canadian Dental Association and through it, you, its members, and also the public.

To work with these men on your behalf has been for me a wonderful experience. I fully appreciate the privilege which has been mine, to serve you as President. My visits through this great country of ours afforded me the opportunity of meeting with a good many of our members. I was carried over by their hospitality, friendship and understanding. This facilitated my task in the discussion of their problems and ours. These meetings gave me the distinct impression that the affairs of our Association and the dental health of the people were in capable hands with such members.

Going around last night through the group I must say that I enjoyed seeing everyone acting as if they were part of a large dental family. I had the impression that there was unity, there was unity within the profession and also unity at large. There are people here from all over, as I said in

my remarks at first. Whatever I have been able to do for the Association this year, I think my wife, Lucy, has helped an awful lot with it. (Applause.) In finding this unity last night I am hopefully looking ahead to the future, and I hope that I have reached my goal. Thank you. (Applause.)

HONORARY MEMBERSHIP

PRESIDENT LANGLOIS: Ladies and Gentlemen: I have a very pleasant task to perform today. I have two, as a matter of fact. I shall start with the first one.

In the history of our Association which goes back 64 years, only 26 men have been admitted to Honorary Membership. As Past President Zimmerman said last year, this is the Hall of Fame of Dentistry. These men dedicated their lives to their profession, and to the public. It is my privilege and honour today to add one more name to this Hall of Fame, and I have named Dr. Paul Geoffrion.

Born in Montebello, February 22, 1897, where he was raised. After primary school he attended the College de l'Assomption, where he obtained his Bachelor of Arts degree from Laval University. Received his D.D.S. degree (magna cum laude) from the University of Montreal. He took post graduate Orthodontic studies under Dr. Martin Dewey in New York. On his return to Montreal where he limited his practice to Orthodontics, he also started teaching Orthodontics at the University of Montreal and this up to last year, when he retired after 42 years of teaching. For a period of time he also acted as Dean of the dental faculty of the University of Montreal.

He is a Docteur "Honoris Causa" de L'Université de Montréal,
 Diplomate of the American Board of Orthodontics
 Fellow of the American College of Dentists
 Fellow of the International College of Dentists
 Fellow of the Academy International of Dentistry
 Ancien Doyen de la Faculté de Chirurgie Dentaire de l'Université de Montréal
 Professeur titulaire à l'Université de Montréal
 Professeur "Honoris Causa" à l'Ecole Dentaire de Paris
 Professeur invité à l'Université de Istambul, Turquie
 Professeur invité à l'Ecole Dentaire de Paris
 Professeur invité à l'Université de Boston
 Membre honoraire de la "Academia Internacional de Ordontologia" de la République Argentine
 Membre honoraire de la Société Dentaire de la République d'Haiti
 Membre honoraire de l'Association Dentaire de Turquie
 Membre honoraire de la Société Odontologique de Paris
 Membre honoraire de l'Académie Pierre Fauchard
 Membre honoraire de la Société Dentaire de Montréal

ANNUAL ASSOCIATION MEETING

Gouverneur de l'Académie Canadienne des Sciences Dentaires
Membre de l'Académie Nationale de Chirurgie Dentaire de France
Membre de l'American Association of Orthodontists
Membre de la Northeastern Society of Orthodontists
Membre de la Société Française d'Orthopédie Dento-faciale et de plusieurs autres Sociétés

He is the author of more than 75 articles, presentations, clinics and films, published in Canada, the United States, Europe and the Middle East.

He also wrote a treatise on Orthodontics which was published in French in Paris, and translated in Italian in Florence.

He also wrote another treatise on Orthodontics published in English and later translated in French and Spanish in Paris and Madrid.

For his dedication to dental education, I am honoured and privileged to present Dr. Paul Geoffrion for Honorary Membership in the Canadian Dental Association. (Applause.)

DR. PAUL GEOFFRION: (Following expression of thanks in French) My dear Mr. President, Madame, My Dear Friends: About one month ago I received the greatest surprise of my life when Dr. Langlois informed me that I had been named an Honorary Member of the Canadian Dental Association. It is with humility and a great sense of responsibility that I accept this honour which I would like to share with all the Orthodontists of Canada who have worked so diligently to elevate the standard of clinical orthodontics in our beloved country.

My dear President, I thank you from the bottom of my heart for the great honour you have conferred on me, and I declare on this happy occasion that I shall always strive to be worthy of it. (Applause.)

PRESIDENT LANGLOIS: It is now my privilege to offer Madame Geoffrion a bouquet of red roses.

As I said earlier, Ladies and Gentlemen, Dr. de Montigny has served our Association for the last eighteen years in a tremendous fashion. He served it well and faithfully. He picked up eighteen years ago the French Section of the *Journal* which didn't amount to very much, and he has made a wonderful success of it. He went as far as to instigate with Dr. Compton the new formula that now exists which is integration of French and English. He has been a terrific asset to our Association.

Because of his heavier responsibilities at the University of Montreal he has found it necessary to resign from the *Journal*.

Dr. de Montigny, it is with great pleasure that I present to you this remembrance of faithful service from your grateful confreres, and with it come our best wishes. (Silver tray presented to Dr. de Montigny.) (Applause.)

DR. DE MONTIGNY: (Reply in French)

INSTALLATION OF PRESIDENT

PRESIDENT LANGLOIS: I will now call on Dr. George Dewis, the Installing Officer, to install our new President. (Applause.)

DR. GEORGE DEWIS: Mr. Chairman, Honoured Guests, Ladies and Gentlemen: It is a twofold pleasure for me to carry out the exercise of installing the President of the Canadian Dental Association for the coming year. In the first place he is a Nova Scotian and, in the second place, he has been a very close friend of mine for many years.

Oddly enough, we were both brought up in small communities less than three miles apart but, because of the rivalry and to a degree a certain amount of jealousy among small communities, there was little or no fraternizing taking place and we only came to know each other during college years.

He was born in Halifax and at an early age moved to Milford, Nova Scotia, where he received his early education. He graduated from Dalhousie in 1939, immediately enlisting in the dental corps. Serving two years in Canada, he then proceeded overseas in 1941. While in England he met a charming English girl whom he subsequently married. Retiring from the Corps in 1943 because of a disability, he began general practice in Halifax and in 1959 he restricted his practice to Orthodontics. He has been a member of the Faculty at Dalhousie since 1946.

He is a past president of the Halifax Dental Society, of the Nova Scotia Dental Association, a member of the Rotary Club. In 1963 he was honoured in being elected to membership in the International College of Dentists. In 1958 he was elected delegate of the Nova Scotia Dental Association to the Canadian Dental Association Board of Governors. His ability and sound judgment were soon recognized, and in 1960 he was elected to the Executive Council of the C.D.A.

I have no reason to believe that just as soon as he becomes President of this great organization these attributes will suddenly desert him.

It is a distinct honour and pleasure for me to install you as President of the Canadian Dental Association and vest you with the insignia of office, the highest award afforded to a member of the profession, and to offer you on behalf of the Association, congratulations and best wishes for a successful and rewarding year.

Ladies and Gentlemen, your new President — Dr. Philip Christie. (Applause.)

PRESIDENT ELECT CHRISTIE: Mr. President, Honoured Guests, Members of the Board, Ladies and Gentlemen: Dr. Dewis has spoken on behalf of me in the kindest terms and I wish to thank him most sincerely for his introduction and for installing me in my office.

As you know, Dr. Dewis is the Treasurer of the Association and in

ANNUAL ASSOCIATION MEETING

discharging his duties he has attended all meetings of the Executive Council and the Board. As a consequence of this, over the past few years we have travelled together a good deal and in the absence of our wives on many occasions have roomed together. After this long time and long experience of my society, that he is able to speak of me as he has is surely as much a testament to his character as to mine.

In accepting the Presidency of this Association I am most conscious of the honour which you have bestowed upon me and acutely aware of the responsibility which becomes mine in discharging the duties of the office and in being the official representative of all the members. I am rather humble in the thought that for one short year I shall be the first in the profession, but the first among equals.

The distinguished men who have governed the Association in the past have so ordered its structure that the President has the support and counsel of a group of devoted men. I look with confidence to the men on the Executive Council and the Board of Governors and to the members of the councils and committees for the assistance which I shall require.

The Secretary, Dr. McIntosh, with less than one year in office, has demonstrated a firm grasp upon the affairs of the Association. To him and his able and dedicated associates and staff I will turn in the sure knowledge of ready support.

To one other, and first in my heart, I must turn for support and comfort. My wife, Barbara, has already felt some of the preliminary weight of this office; she has responded with generosity and affection. I wonder if Barbara will stand so you may see her. (Applause.)

We have a very beautiful table immediately in front of us. I don't wish to draw any comparisons. I wish to call on one other lady, if I may, who will continue to give great energy and support to this Association, as she has in the past. I speak, of course, of Marion McIntosh, the wife of the Secretary. Perhaps Marion would stand, please. (Applause.)

I have a very pleasant duty to perform in inviting you to attend the meeting next year in Nova Scotia, in Halifax. In order to fortify my invitation which is a most warm one, the chairman of my publicity committee, John Merritt, has brought this colourful object up here (referring to figure placed on table), and earlier he escorted in to the luncheon a group of men from Nova Scotia who are, I may say, the Press Gang. This, of course, is harking back to the days of 150 or more years ago when the navy, in order to flush out manpower, in order to get pensions and good pay, used to send gangs on shore to gather up any young men and shanghai them. We won't do this but we do extend to you a very warm welcome.

Before concluding, I would like to thank you again for the honour you have bestowed upon me in electing me to the first office of the Association and for the confidence you have displayed in giving me this heavy responsibility. Thank you. (Applause.)

PAST PRESIDENT

DR. DEWIS: As Installing Officer, I have another pleasant duty to perform. This is to present our Immediate Past President with the Past President's Jewel. Before doing so, I would like you to know, Dr. Langlois, that we do appreciate most sincerely the contribution you have made to dentistry, not only during your tenure of office as President, but also during all the years you have been actively associated with the national body. Perhaps no one, except the Secretary and past presidents, has any idea of the amount of time required of one who has been elected to this high office, but I am sure if you look back on it you will never experience a feeling of regret. I believe you will consider it one of the outstanding years of your life.

In your visitation tour across the country one of the points you laid great emphasis on was the need for unity within the profession. I am sure you did this for a specific reason, and it is to be hoped that the seed has fallen on fertile ground.

On behalf of the dentists of Canada, I would like to express to you our sincere thanks and appreciation for your devotion, your sincerity of purpose and your willingness to go the extra mile as the servant of Canadian dentistry.

It is a pleasure for me to present you with the Past President's Jewel. I know you will always cherish it and if you will accept a piece of advice from me, don't let your good wife persuade you to let her add it to her charm bracelet.

It is a further pleasure for me to remember you with a silver tray as a memento of your year in office. It is representative of the dentists of Canada and I am sure that you and your good wife will always cherish it.

And Lucie, we must not forget you. I take pleasure in presenting these flowers as a token of appreciation of your help to Remy during the past year — especially for shovelling all the snow last winter when he was away.

PRESIDENT LANGLOIS: Thank you, Dr. Dewis, for these very kind words. I will be short in my remarks. I will say that I enjoyed every minute of it. . . . I mean of my term of office.

I wish to convey to you the message that I accept this for what it represents and in the name of l'Association Dentaire de Quebec, I thank you all.

As all good things must end, I now adjourn this meeting.

(The Luncheon closed with the singing of "O Canada".)

TRANSACTIONS

7 DAYS

THIS BOOK MAY BE KEPT FOR
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IT CANNOT BE RENEWED

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